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PLEASE

NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10014

CERTIFICATE OF DEATH

Par Din No 131

				Reg. Ditt. No.	10.01	
1. PLACE OF DEATH; Frederick County Frederick City or term Frederick (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, instillution, or street address where death occurred: 129-A West Fourth Street			and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Frederick City or team (If outside city or town limits, write RURAL and give nearest town) Street No. 129-A West Fourth Street (If rural, give LOCATION) None		
	Institution?			2.(a) It veteran, name war		
3. (a) FULL NAME		CELESTA	A ABRECHT	3.(b) Social Security Number None		
4. Sex	5. Color or race	6.(a)Bingle, marri	ed, widowed, or divorced	MEDICAL CERTIFICATION		
F	W	M		20. DATE OF DEATH November 23 19 47 216:15	P	
6.(b) Name of hysband. 7. Birth date of deceased (mo., day, y	July 2	t Abrech , 1889	nt, Sr. ve, give age 57 years	21. I CERTIEY that death occurred on the date above stated; that that the steeded deceased from 19.4.	41	
8. AGE: Years		Days If I	less than one day	Immediais cause f death DURATIC)K	
58	4	21	hrsmln.			
9. Birthplace Frederick County Maryland (Town, county, and state) At Home		aryland	Due to. Due to. 300 Due to.	2		
194 1 12. Name	lliam S. Trederick	County	Maryland	Diher conditions		
14. Malden name				(Include pregnancy within 3 months of death) Major findings of operations	********	
			Maryland	Date of op.		
16. Intermant	Ernest Ab			Antopsy results		
Burial	Mount (Date thereof	rederick, Md 11/26/47 (month) (day) (year) emetery	22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide		
Cemetery or commetery Mount Olivet Cemetery Frederick, Maryland				(City or town) (County) (State)		
Address	M. R. Et Frederic	chison a	and Son land	Msans of Injury Injured at work? 23. SIGNATURE. M. D. or other	•	
19. 2 4 NAM	7 19. \\ 7 (strar)	Eliza	hello J. Tech.	Frederick, Maryland Date signed 11-24-	47	







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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13/0

CERTIFICATE OF DEATH

Reg. Dist. No. 1315

1. PLACE OF DEATH: Frederick				(For newborn infants give residence of mother)		
County						
Frederick (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Insiliution, or street address where death occurred: 250 East Seventh Street How long in hospital or Insiliution?			URAL and give nearest town) ARS	State Maryland County Frederick City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 250 East Seventh Street (If rural, give LOCATION) 2.(a) If veteran, name war. None		
3. (a) FULL NAME				3. (b)	Social Security Number	
3. (a) 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ER DA	NIEL ALLISON		NE	
4. Sex	5. Color or race		-married, widowed, or divorced	MEDICAL CERTIFI		
Male	White	1/0	rried			
				20. DATE OF DEATH NOVember 22nd		
6.(b) Name of huckass 7. Birth date of deceased (mo., day, ye	***************************************	psy M. 6.0	c) If alive, give age700years	21. I CERTIFY that death occurred on the date above stated;	11-22 1947 2 194)	
8. AGE: Years	Months	Oays	If less than one day	The Carles Land Vasculus C		
83	3	2	hrs,min.	See		
9. Birthplace Charlestown, West Virginia (Town, county, and state) 10. Usual occupation Laborer 11. Industry or business			9-64-67	Due to		
E 12 Name	Charles	Alliso	3	Other conditions		
	West Vir					
	Marg		ur	(Include pregnancy within 3 months of		
14. Maiden name	West	Virgi	nia	Major findings of operations		
			ison	Autopsy results		
			ederick, Md.	22. VIOLENCE: If death was due to external causes, fill in	the following:	
	or removal, which		eof November 25-47	Accident, suicide, or homicide	Date of	
Cemetery or comments	Church	Hill C	emetery	Where did Injury occur?(City or town)	(County) (State)	
Location Ballenger Creek Rd Frederick, Co.Md.						
18. Funeral director	C.E.Cli	ne and	Son	Means of Injury	Injured at work?	
				23 SIGNATURE RG CL & Beress	(h/	
Address Frederick, Md. 19. 2 + Wy (Date rec'd by registrar) (Date rec'd by registrar) Registrar				ci l li r l ()	M. D. or other Date signed 1/1 A 4/4	



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MARYLAND STATE DEPARTMENT OF HEALTH.

2411 N. Charles St., Baltimore

10016

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH: Frederick County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Naryland County Thurmont (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.	
3.(a) FULL NAME Joseph Ross Angevine	3. (b) Social Security Number 088-07-0292	
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced White Widowed 6.(b) Name of husband or wife Esther C. Kinna 6.(c) If allve, give age years 7. Birth date of 2005 (d	MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I SERTIFY that death occurred on the date above stated; that I attended deceased from 19.47, to 20.3 19.47	
7. Birth date of deceased (mo., day, yr.) 1885 (moda.unknown)	and thef I last saw h. Autalive on	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION	
9. Birthplace	Due to. Due to. Japan	
William H. Angevine 12. Name. William H. Angevine Maryland	Diher conditions Branchial Osthera 5 years	
14. Maiden name Roselta Angevine. 15. Birthplace Maryland.	(Include pregnancy within 3 months of death) Major findings of operations	
16. Informant Mrs. Etta Burns	Antopsy results	
Address Thurmont, Md. Burial Oate thereof Nov. 6, 194 (Burial, cremation, or removal, Which?) (month) (day) (year) Creagerstown Cemetery Creagerstown, Md.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
M. I. Creager & Son	Means of Injury Injured at work?	
18. Funeral director Address Thurmont, Md. 19. Mov (a) 1947 Blanche & Tyler (Dote rec'd by registrar) Registrar	23. SIGNATURE James Fray M. D. or other Address James M. D. or other Date signed / M. 44/4/7	



PLEASE

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	MARYI	AND	STATE	DEPARTMENT	OF	HEALTH
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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10017 Reg. Diat. No. 144

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County	(For newborn infants give residence of mother)		
City or town (If outside city or town limits, write RURAL and give nearest town)	State County		
How long in above place of death? 50	City or town		
Hospital, Institution, or street address where death occurred:			
	Street No(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME Seorge	Saker 3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION		
III Wordoned	20. DATE DE DEATH 25 Naulmbell 19 47, 21 10 P. M		
6.(b) Name of husband or wife Mary Met. Saker	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of 7 2 years	and that I last saw h in the on 2 6 Nacutules 19 47		
deceased (mo., day, yr.)	Immediate cause of death		
8. AGE: Wars Months Days It less than one day	3		
14 6 83hrsmin.	Coal gas partoning .		
9. Birthplace (Town, county; ongistate)	Due to.		
Total Cla Knowl			
1D. Usual occupation.	Due to		
11. Industry or business			
12. Name De la	Dther conditions		
Z 13. 8 Irthplace	(Include pregnancy within 3 months of death)		
# 14. Malden name Phil	(Include pregnancy within 3 months of death) Major findings of operations		
9 15. Birtholaton Surgarity	Date of op.		
MAD IN TO TOME OIL	Autopsy results.		
Address 109 Bester St Hazuston	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Rules 20-14	22. VIOLENCE: It death was due to external causes, till in the tollowing;		
(Burial, cremation, or removal Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide a wall Date of 23 Nov. 47		
Blace the date Comman	Where did Injury occur? Calastin turnace fredlick, Mo-		
Cemetery or crematory	(City of Lown)		
Location	Injured at home, farm, Industry, public place (where?)		
18. Funeral director. M. J. Cerestin Ban	Moans of Injury Faully Healing Claud Injured at work? No		
Address Showmonth My	Charles of Coulen . M. il		
70 99 117 Bland 16.6	29. SIGNATURE		
(Date ree'd by registrar)	Address Frederick, md. Date signed 26 Naw. 47		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlea St., Baltimore

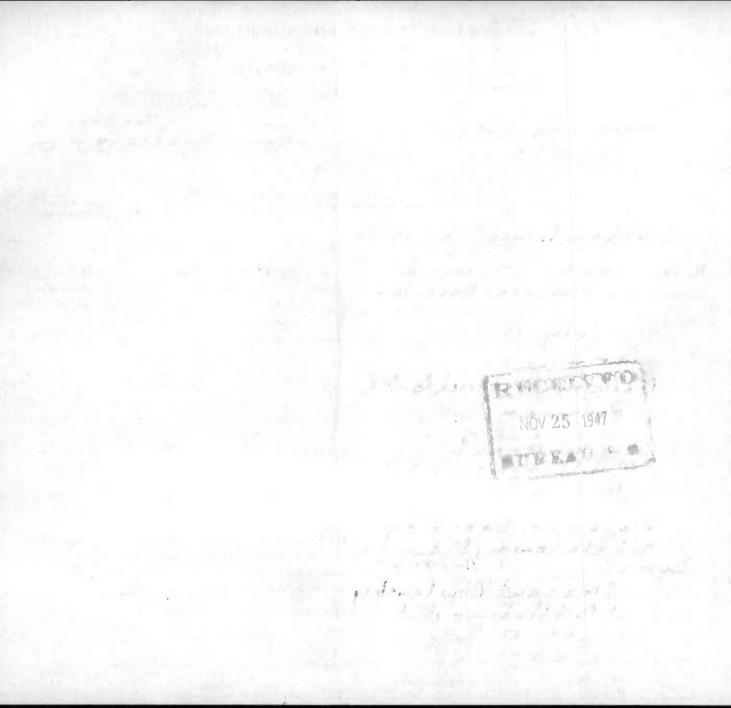
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10018

CERTIFICATE OF DEATH

Pag Dist No 132

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County The	State Md County Exedexile
City or town	1 1 1 1 1
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	Street No
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Caulton Daniel Beachle	4
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
1 1 1 1	N 16 1/2 11/200
Male white Married	20. DATE OF DEATH 1804 . 16 . 19.47 . at 11:30 P. M
6.(b) Name of husband or wite Florence Barelete	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
	100 16 1847 10 1112 16 1947
7. Birth date of	and that I last saw hall alive on 10016
deceased (mo., day, yr.) J v (18, 1973	Immediate same of death DURATION
8. AGE: Years Months Days It less than one day	Caryan Opelusion. 3 his
74 3 29min.	
MILL To Janial O. Mid	Parantin Solums 7 uns
9. Birthplace I. I. L. C. (Town, county, and state)	Due to COUNTY OF THE TOTAL OF T
1D. Usual occupation	- 222
19. Usual occupation	Due to.
11. Industry or business	Symples rais -
12. Name Daniel Baron Middle town Middle	Other conditions
3. Birthplace Middle town, Mid.	
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
14. Maiden name Rebecca Shefe! 15. Birthplace Middle Lower, Md.	Date of op.
16. Interment Florence Beachley	Autopsy results.
20-1111	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Widdle townilla	22. VIOLENCE: It death was due to external causes, fill in the following;
17. (Burial, cremation, or removal, Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
7, 11, 1	
Cemetery or crematory Pleasawt Liew Complex	Where did Injury occur? (City or town) (County) (State)
incation Runal Middle Lacon Md.	Injured at home, farm, Industry, public place (where?)
0111:11	Meens of tnjury Injured at work?
18. Funeral director	
Address Middle town, Md.	(P. T. 29/11/0
2 10 10 10 10	23. SIGNATURE M. D. or other
19. Mol 19 19 7 Mary Bladfull Registrar	Address Alfred Mol Date signed 11/1847



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

HEALTH 468 X

10019

CERTIFICATE OF DEATH

Reg. Dist. No. 3

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County TEDENCE	(For newborn infants give residence of mother)
(If ontside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death? O day S	CHy or town debutylown 1994.
Hospital, institution, on street address where death occurred.	(If outside city or town limits, write RURAL and give nearest town)
Mrs. Coutchey's House 708 M. Ufor	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Come C. Beall	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Benuale White Single	20. DATE DE DEATH 200 4 1947 et 12.20
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
	Oct. 6 _ 47 10 Dov. 4 19.47
7. Birth date of SC SC If alive, give ageyea	and that I last saw h. & alive on Nov. 3
deceased (mo., day, yr.) 7-26-1866	Immediate cause of death DURATION
8. AGE: Years / Months Days If less than one day	Carcinoma of diving lucknow
8/9 / 10hrsml	
9. Birthplace	Due to.
Na gard a factor	
1D. Usuat occupation.	Due to
11. Industry or business	
12. Name. 17. 13. Birthplace bertytown, Ma,	Dther conditions
	(Include pregnancy within 3 months of death)
14. Malden name Margaret Deveadurer 15. Birthplace Sebentylower, Myd.	(Include pregnancy within 8 months of death) Major findings of operations
2 15. Birthplace sibentutour. Md.	
K- K Madell 311 K	Date of op.
18. Informant	Actorsy results
Address Lebertylown, M.	22. VIOLENCE: If death was due to externat causes, fill in the following;
17 Burial Date thereof 200. 6. 1947	
(Burial, cremetion, or removal. Which;) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremetory	Where did injury occur?
Location Siberty Com Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director Provide & Hartyle	Means of Injury Injured at work?
Address 2 Voodsborer, Md	for It Boally West.
19 5 Nov 1945 Elizabeth 9. Hach	23. SIGNATURE M. D. or other
19. Styles (Date rec'd by registrar) Registra	Address debertylown Md. Date signed 11/5/49

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECOUSED. NOV 8 1947

WRITE

PLEASE

VS A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

88a

CATH

10020

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Frederick			
Frederick - Que	ale	state Maryland county Fred erick	
How long in above place of death? 3 days	AL and give nearest town	CHy or TOWN Rural - Myersville (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?		Pleasant Walk	
Frederick County Eme:	rgency Hospits	Street No.	
riederick country rime.	r.g.errchmo.z.h.r.ns		
How long in hospital or institution? 3 days.	•••••••••••••••	2.(a) If veteran, name war	
3. (a) FULL NAME		3. (b) Social Security Number	
NOAH JOHN	SON BETTS		
	Caried, widowed, or divorced	MEDICAL CERTIFICATION	
Ma le White Sing	3 -	20. DATE OF DEATH 201. 15 19 47 21 3:0	15/
Ma le White Sing	TE		
6.(b) Name of husband or wife		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	10
		200. 13 1947 10 200. 15 194	+
7. Birth date of	allve, give ageyears	and that I last saw h.i. ho. alive on	47
deceased (mo., day, yr.) October 3. 18	367	Immediate cause of death	
8. AGE: Years Months Days	if less than one day	Grebral Commerciage 3 day	
00 2 20	hrsmin.	arms smarrings	1
00 1 12 1			
9. Birthplac Pleasant Walk Free (Town, county, and state	i. Co., Md.	Due to	
10. Usual occupation Retired day La	aborer	Buè to	
At I deliver business		Due 10	
11. Industry or business Samuel Betts			
		Other conditions	********
13. Birthplace Maryland		(Include pregnancy within 3 months of death)	
質 14. Malden name Mahala Betts			
Maryland		Major findings of operations.	
14. Malden name Mahala Betts 15. Birthplace Maryland		Date of op.	
Don Warnenfalt	7.	Autopsy results.	
Myersville, Md		PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address Myelsville, Md	•	22. VIOLENCE: If death was due to external causes, fill in the following:	
Burial Burial	Nov. 18. 194	22. VIOLENCE: If death was due to external causes, fill in the following:	
Burial Date thereof.	Nov. 18, 194 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematery Pleasant Wa	lk U. B.	Where did Injury occur? (City or town) (County) (State)	
Nr. Myersville, Mo		Injured at home, farm, industry, public place (where?)	
		Means of Injury Injured at work?	
18. Funeral director Paul F. Bittle	<u></u>	A	
Address Myersville, Mo	1.	Bernard Humas h. M.D.	
15 70 CO.	1 ml. tt.	23. SIGNATURE	
(Date rec'd by registrar)	abulle J. Lea-	Address Frederick Mc. Date signed 4/16/	47



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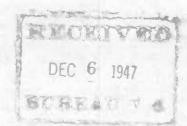
MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10621

1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Frederick-Rural R. F. D. #1	State Maryland County Frederick		
(If outside city or town limits, write RURAL and give nearest town)	Frederick_Rurel R F D #1		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital Institution, or street address where death occurred: Bartonsville	Street No. Bartonsville		
	(If rural, give LOCATION) NONE		
How long in hospifal or Institution?	2.(a) IT veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
MARY ELLEN THOMAS BOWIE	None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
F C W	20. DATE DE DEATH November 3rd, 19 47 at 4:		
Emory Columbus Bowie	21. I CERIFY that death occurred on the date above stated; the lattended deceased from		
D-(o) 45m6 of traspand of wife	May 1847 10 November 3 18		
7. Birth date of ITm 15m 05mm.	and that I last saw Hamalive on Rovember 3 19		
deceased (mo., day, yr.)	Immediais came of death		
8. AGE: Years Months Days If less than one day	Chine Myorailles 6m		
1	in. C Supplitusion		
9. Birthplac Bartonsville-Frederick-Marylan	d Due to		
(Town, county, and atate) At Home			
10. Usual occupation	Oue fo		
11. Industry or business			
Jonas Thomas 12. Name Jonas Thomas 13. Birthplace Frederick County Maryland	Other conditions		
	(Include pregnancy within 3 months of death)		
Elizabeth Bowens			
Elizabeth Bowens 14. Malden name Elizabeth Bowens 15. Birthplace Frederick County Maryland	Major findings of operations		
Mrs. Russell A. Dykes			
Address R. F. D. #1, Frederick, Md.	Autopsy results		
Address No 1 o 10 # 1, 11 oder 1 ck, Mide	22. VIOLENCE: if death was due to external causes, fill in the following:		
Burial Oate thereof 11/6/47 (month) (day) (year)	Accident, suicide, or homicide		
Bartonsville Cemetery	Where did injury occur?		
R. F. D. #1, Frederick, Maryla	(City or town) (County) (State)		
LUCATION			
18. Funeral director M. R. Etchison and Son			
Address Frederick, Maryland	Anotard W. ash 1.		
- W 4 47-0	M. D. or other		
(Date rec'd by registrar) (Date rec'd by registrar) Regist	Frederick, Maryland Oate signed 11-4		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Exaderick	State M.d. County Fr. eday ich		
City or town	7		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No.		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Fldnidee Clarke 1	3040 h		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male white widowed	20. DATE OF DEATH NOV. 9, 1947 1947 21 355 7		
6.(b) Name of husband or wife Ella May Boyes	21. I CERTIEY that death occurred on the date above stated; that I attended deceased from		
B,(o) Maile of musually of whenthe	nov 9 1947 10 Nov 9 1947		
7. Birth date of	and that I last saw h. M. alive on 200 9 1947		
deceased (mo., day, yr.)	Immediate cause of death		
8. AGE: Years Months Days If less than one day			
68 6 2Wmin.	Coronary Occlusion 6 his		
9. Birthplace Middle to to Trelevet lo Middle to to (Town, county, and state)	Due to		
1D. Usual occupation	Due to		
11. Industry or business			
12. Name. — a la l	Other conditions Augbertenseow		
Z 13. Birthplace Middletown, Md.	J		
	(Include pregnancy within 3 months of death)		
8 h \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Major findings of operations.		
	Date of op.		
16. Informant	Autopsy results		
Address Middletow ~ md	22. VIOLENCE: If death was dur to external causes, fill in the following;		
17 Buxix Date thereof 11-12-47			
(Burial, cremation, or removal, Which?) (month) (day) (year)			
Cemetery or crematory Mount Olive: L. Cometer	Where did Injury occur? (City or town) (County) (State)		
Location Frederication Md.	Injured a home, farm, industry, public place (where?)		
· all Hill Co.	Means of Injury Injured at work?		
18. Funeral director.	S Lash man		
Address Made 10-to-3- 110	23. SIGNATURE		
19. Non 2 19. 47. Marie Glashill Registrar	Address Milleton Date signed 11-10-47		

NOV 25 1947

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CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH				
County Frede	rick			
City or town	dence	e nite write R	URAL and give nea	rest town)
How long in above place of de				arest town,
Hospital, institution, or street	t address where d	leath occurred	l: • • • •	-
Freder	ick on	ener	ral Ho	spela
How long in hospital or insti	tution? 2	day	2	
3, (a) FULL NAME		-1		
9 +	- 11	R.		
Neste	Coior or race	6.(a)Street	married, widewed or	divinced
4.564)		5.	4
_ m	W		marrie	de
6.(b) Name of bushand or wi	10 Los	na	Carpe	ten
o,(o) trains of paround of in			c) tf alive, give age	
7. Birth date of	XZ	10	1901/	
deceased (mo., day, yr.)	Months Months	Dave	ti less than one d	AV
G. AGE.	months (Uays		
43	oL	1	hrs.	mi
9. Birthplace	<u>u</u>	Dest	Vergen	ua_
145-411		county, and	atate)	
10. Usual occupation	Farme		<i>V</i>	
11. Industry or business				
置 12. Name	ausue	md	a. Br	eden
13. Birthplace	Ma	dian	co.,	Va
# 14. Maiden name	natha	m	iller	
10			o. 1/a.	
16. Interment mr	oron	na	Breede	
Address Wor	rdsbor	0	Md.	
17 Buria		Date there	nov. 3	1947 (ay) (year)
(Burial creation or r	emoval. Which?	-	(month) (ay) (year)
Cemetery or cremetury	Elwo	00		
Location	Slop	head	terese	U VIN
	4 4 11			1 1
18. Funeral director		Bail		_ /
Address	Wo	elke	ronlle	mal
99 /2	19.4	66	in 00.00	Hoch
(Date rec'd by registr	19¥	L.Y	Schrick of	Registr

(If r	ural, give LOCATION)	
2.(a) tt veteran, name war	***************************************	<i>V</i>
	3. (b) Social Securit	y Number
1	2.7 19.4'	2,16
	he date above stated; that I attended de	
Immediate cause of death	fortunity by	DURATIO Z
Due to		
Other conditions		
(Include pregnancy	within 3 months of death)	
	Date of op	
Antopsy results	ause to which death should be charge	7 M

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

23. SIGNATURE

(City or town)

Address.

Registrar

tnjured at home, farm, industry, public place (where?)

Accident, sulcide, or homicide.

Date signed 11.47.57

(County)

KROELERO

DEC 2 1947

MUMERAL 9

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

d 100%

CERTIFICATE OF DEATH

10024 Reg. Dist. No. 144

1. PLACE OF DEAT	H. ederick			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
County				State Maryland County Frederick			k	
City or town. Rocky Ridge (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? How long in above place of death? How long in above place of death?				City or town. RockyoRides City or town. (If outside city or town limits, write RURAL and give nearest town)				
				City or town(If out	side city or town limits	, write RURAL and give	nearest town)	
Hospital, Institution, or st	reet address where	death occurred		Street No				
*******************************	***************************************		••••••	Ottob No.			••••••••	
How long in hospital or in	stitulion?		······································	(If rural, give LOCATION)				
3. (a) FULL NAME						3. (b) Social Securi	ty Number	
		John I	heodore Clem			None	.,	
4. Sex	. Color or race	6.(a)Single	, married, widowed, or divorced		MEDICAL CE	ERTIFICATION		
Male	White	Ma	rried	2D. DATE DF DEATH	November	9, 1947	4:45 PM	
- dl	An An	nie Ro	ser Clem			ve stated; that I attended d	eceased from	
6.(b) Name of husband or			68	October	3/19.	47 10 Noveml	n 9 1947	
7. Birth date of) If alive, give ageyears	and that I last saw h	- alive on Not	rember 6	19. 4. 7	
deceased (mo., day, yr.)	Sept	ember	16, 1870				DURATION	
8. AGE: Years	Months	Days	if less than one day	CErsl	mal his	morrhage	10 days	
77	I	23	hrs min.		·····	0		
Roc	ky Ride	e. Fr	ederick Co. Md	. Huse	Ausion		7	
9. Birthplace	(Town,	county, and s	tate)	Due to.	C a Dans	el-C	~ 7	
1D. Usual occupation	Black	smith			THEO. STORESTONE S. W	C		
11, industry or business				Due to				
	ra Clen	1			1.0	Li Marie	7	
E 12. Name	rederick		Md	Dther conditions	vecanous	his chronic		
13. Birthptace				(Include	e pregnancy within 3 n	nonths of death)		
14. Maiden name 15. Birthplace	Mary /	lnn Wh	itmore		11.000	nonthis of death,		
E Birth	Freder	rick C	O Md	Major findings of opera-		_		
≥1 15. Birmplace	See Tok	m 07 =			5 1150-0	Date of op		
				Antopsy results		ich death should be charg	al statistically	
Address	Rocky Ri	.dge,	Md				ed statisticany.	
Buri	ial	Onto these	Nov. I2, I947 the Brethern	22. VIOLENCE: If death				
(Burial, cremation, o	r removal, Which?	Date there	the Brethern	Accident, suicide, or hom	lcide	Date of		
Cemetery or crematory.	Chur	ch UI	the Brethern	Where did Injury occur?	(City or town)	(County)	(State)	
LocationRo	ocky Ric	ige, M	d.			nere?)		
18. Funeral director	M. L.	Creag	er & Son	Meens of injury		Injured at work?		
	Bhurmont			90.	Fruhli	Bink	Mu	
nm	11.1	01	Janal Sel	23. SIGNATURE	K.A	(A) M.	D. or other	
19. Nov. 10	19.T	10	Registrar	Hour Hour	mont ll	No sign	Nov. 10 47	



WRITE

PLEASE

A15 VS

BINDING

FOR

RESERVED

MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

9400

CERTIFICATE OF DEATH

Reg. Dist. No

City or town How long in abo Hospital, instill 20 Ea	eder: Frede (If outsi ove place of o ution, or stro St F: spilal or lns	lck erick	Years death occurred reet		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland Frederick City or term (1f outside city or town limits, write RURAL and give nearest town) Street No. 20 East Fifth Street (If rural, give LOCATION) WORLD War I		
3. (a) FULL	NAME	ROY W	LLBUR	CLEM -	7	3. (b) Social Security 214-10-35	
4. Sex	5.	Color or race	6.(a)Singt	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
M		W		D	2D. DATE OF DEATH NO	18 1947	3.3011
6,(b) Name of 1	h usband o r t	wife. Avi	s Mos	30	21. I CERTIFY that death occurred on the date abo	ove stated; that I attended dece	ased from
7. Birth date of deceased (m	o., day, yr.)	March	16,	c) If alive, give age98 1893	and that I last saw h.l		DISPATION
8. AGE:	Years 54	Months 8	Days 2	tf tess than one dayhrsmln.	Immediaic cause of death.	clumn	Herrich
H 12. Name.	business (City of	Fred Clem	erick	Due to		
				nty Maryland Nills nty Maryland Clem	(Include pregnancy within 8		
16. informant	M:	rs. Mar	y E.	Clem , Frederi c k, Mo	Autopsy results	hich death should be charged	statistically.
17. Bur (Burial, err Cemetery or	emation, or crematery.	Woods	Hope boro,	eol 11/21/47 (month) (day) (year) Cemetery Maryland ison and Son	22. VIOLENCE: If death was due to external car Accident, suicide, or homicide	Date of	(State)
Address			rick,	Maryland habita	23. SIGNATURE P. W. Bo	M. D.	or other 11:18:47

NOV 21 1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

100368 8 Reg. Diat. No. 388

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	March March 1
City or town	
How long in above place of death?	City or town (12 outside city or town limits, write RURAL and give nearest town) Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Ruly Copeland	3. (b) Social Security Number
4. Sex 5. Color or race 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Tunale Colored Lingle	20. DATE OF DEATH Movember 16 1947 11 12 A M
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. // 1987 to Nov 66 1847
7. Birth date of deceased (mo., day, yr.) Sefuare 8 - 1947	and that I last saw h == all ve on Nov. 16, 1947 18
8. AGE: Years Months Days If less than one day	Immediate cause of death
9 8min.	Broncha kneumonica 3 days
9. Birthplace Inadexica Mg (Town, county, and state)	Due to Whooking Cough 16 days
10. Usual occupation	Due to.
11. Industry or business	
12. Name Copuland 13. Birthplace Wild	Bther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name La Olie Moreroe 15. Birthplace 74. Maiden name La Olie Moreroe	Major findings of operations.
land C. I do	
16. Informant James Conference Address MIT airs HI Mid	Autopsy resulta
17 Burnal, cremation, or removal. Which?) Date thereof	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Tourstain Mills Camety	Where did injury occur? (City or town) (County) (State)
Location Tour Tain Miles Mag	Injured at home, farm, industry, public place (where?)
18. Funeral director. W. E. F. alecones.	Means of injury injured at work?
Address Hew Market Mg	23 SIGNATURE Ernest P. Roof, M.J.
19. Wow 18 19.47 Lund K. Falence (Date rcc'd by registrar) Registrar	Address New Market, Md. Date signed 11-18-47

TANTAND STATE DESCRIPTION OF HOME

CURTINIZATE OR DEATH

No. of State Section

The state of the s

[PECETVEO]

DEC 6 1947

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 934

City or town(rederick	Lili	URAL and give nearest town) time	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State		
How long in hospita	or institution?			(If rural, giv	e LOCATION) NO	
3. (a) FULL NA			HADDEUS CREAG	ER	3. (b) Social Security N	umber
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male			Widowed	20, DATE OF DEATH November		7 P:M
	and or wifeMa		Holtz.	21. I CERTIFY that death occurred on the date at	47 10 NOV. 24	1947
7. Birth date of	An	ril 2I		and that I last saw h	77 2]	19.4.7
0. 1104.	ears Months	Days 3	If less than one day	Immediais cause of death wypcardidis	, chronic	OURATION ?
	La William	borer		Ous to	lerosis	
14. Maiden na 15. Birthplace		E. Rot Land	lzer.	(Include pregnancy within 3		
16. Informant	Clayton Thurmon	, Md		Autopsy results PHYSICIAN: Please underline the cause to v	which death should he charged s	
17(Burial, crema	Burial tion, or removal. Which	Oate ther	noten November 27/ (month) (day) (year) (nel Cemetery	22. VIOLENCE: If death was due to external comments of the state of th	Date of	
	Thurn	nont,	Md.	Injured at home, farm, industry, public place (
18. Funeral directo	Ma.	L. Cre	ager & Son	Means of injury	Injured at work?	
Address		rmont		23. SIGHATURE 91. Fran	ble Oust	(Mu)
19. Mate rec'd b	27 1947	Bl	andre S. Egilo	Address Thurmon	M. D. o	

DEC 1 1947

nes at 42 Steamful Egles

144

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

CERTIFICATE OF DEATH

Reg. Dist. No.

County	lerick	***************************************		(For newborn infants give residence of mother) Maryland State Maryland County Frederick			
Hospital, Institution 157 We	or street address where	death occurred: Street	L and give nearest town)	Cily or town Frederick (If outside city or town limits, write RURAL and give nearest to 157 West Patrick Street			
3. (a) FULL NA					3. (b) Social Securit	y Number	
	CHARLES	S CURTIS	S DEVILBISS				
4. Sex	5. Color or race	S.(a) Single, ma	rried, widowed, or divorced	MEDICAL	CERTIFICATION		
M	M		D	20. DATE DF DEATH NOVemb	er 9th 19 4"	7 at 3:15P	
7. Birth date of	Taaller		alive, give ageyears	21. I CERTIFY that death occurred on the date	above stated; that I attended de	ceased from	
0. 1102.	fears Months 50 3	Days 1	f less than one dayhrsmin.	Immediais cause of death Oca	3 1777	DURATION	
10. Usual occupati	Paperhar	nger		Due to			
H 12 Name	ames E. De	evilbiss County	Maryland	Other conditions			
HI 14. Maiden na 15. Birthplace	Laura M Frederick Miss Nina	Michael County	7 Maryland	(Include pregnancy within			
			iss Frederick, Md	Autopsy results	which death should be charge	ed statistically.	
Buria	l Mount	Date thereof	11/12/47	22. VIOLENCE: If death was due to external Accident, suicide, or homicide Where did injury occur? (City or tow.	Date of		
		cick, Ma		Injured at home, farm, industry, public place			
18. Funeral direct	1/1 D		on and Son	Means of Injury	injured at work?		
Address		rick, Ma	ryland	S.R Selve	volume m.	1).	
19. 10 My	y registrar)	Eliza	olette J. Heak	23. SIGNATURE			

NOV 13 1947

VS A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

CB 1. No. 1.5 H

1. PLACE OF DE			2. USUAL KESIDENCE (HOME) U. (For newborn infants give residence of	F DECEASED:
county Frederick				
(If outside city or fown limits, write RURAL and give nearest town)			State MdSS Cou	nty Cambradge
HUW THIS IN ADDITE BIRDS	UI UCAINI,	***************************************	(If outside city or town limits	, write RURAL and give nearest town)
Hospital, Institution, or	street address where the	eath occurred:		
			(If rural, give	LOCATION)
How long in hospital or	r Institution?	4 months	2.(a) If veteran, name war	
3. (a) FULL NAM				3. (b) Social Security Number
Annie Mai	rgaret Dewe	es (ister Josepha)		No
4. Sex Female	5. Color or race "hite	6.(a)Single, married, widowed, or divorced Sr. of Charity	12.620	ERTIFICATION 150
6.(b) Name of husband	or wife		20. DATE OF DEATH	
7. Birth date of deceased (mo., day,	August		and that I last saw h. A. Lalive on	17 10 10 3D 1947
8. AGE: Years		Days If less than one day	Immediate cause of death	W DURATION
68	3	21hrs. min.	/	
9. Birthplace St.	Louis, Mi	SSOUri	Due to a derios elesotre	bener years
10. Usual occupation	Instituti	onal work	Due to.	
11. Industry or busines	8			
E I	Joseph Dewe Germany	S	Other conditions	NA INC.
	-	79	(Include pregnancy within 3 r	months of death)
14. Maiden name.	Germany	Noenig	Major findings of operations	Date of op.
	Sister Ass	istant	Antopsy results	
Address St.	Joseph's C	entral House	PRYSICIAN: Please underline the cause to w	
	, or removal. Which?)		22. VIOLENCE: If death was due to external can Accident, suicide, or homicide	
Cemetery or cremat	ory St. Jos.	Private Cemetery	Where did injury occur?(City or town)	(County) (State)
Location Finn	itsburg, M	aryland		here?)
18. Funeral director	J. J.	allison	Means of Injury	Injured at work?
Address	annie	thing mas	23. SIGNATURE	lacle no
19. (Date rec'd by re	19.4-7 egistrar)	By F Shusfy Registrar	Address	M. D. or other M. D. or other 11-30-47

DEC 3 1947

BUREAUVE

should state

Exact statement

stated EXACTLY.

AGE should be

mation should be carefully supplied.

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of

of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	0	1	2	()
-di-	U	U	U	7

1. PLACE OF DEATH	40 .	A
County Frederick	Registration Dist. No.	2
Village or City Near Mt. Esterim	NoSt.,	Ward
- 4.	(If death occurred in a horpital or institution, give its NAME instead of street and nosds. How long in U.S. if of foraign birth?yrsme	
01:11-70 A	usyis.	/5
2. FULL NAME CUffen I formas De	799	
(a) Residence: No.	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
OR DIVORCED (write the word)	(Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorcad HUSBAND of		
(or) WIFE of	22. HEREBY CERTIFY, That f attended	
6. DATE OF BIRTH (month, day, and year) Tele. 14. 19 410	I last saw h & elive on 11-2-5 194	
7. AGE Yaars Months Deys If LESS than	to have occurred on tha data stated above, at	, 200
1 4946 Jeb 9 44/1 1day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	1
8 Trade profession or particular	- More as runous.	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	- Stran Culatur	10ex 4
S Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	A 97 P 1	
SAW MILL, BANK, atc	July to there	
O this occupation (month and spant in this yaar) occupation	Cloups.	
12. BIRTHPLACE (city or town) Mt. Epherium Fred Co. Md.	Other Contributory Causes of importance:	
(State or country)		-
13. NAME William R. Diggs SI		-
13. NAME Hilliam It. Diggs 31 14. BIRTHPLACE (city or town). Release 18 (State or country)	Name of operation Date of	
(State of County)	What test confirmed diagnosis? Was thera an a	utopsy?
15. MAIDEN NAME Dorothe Corine Raculus 16. BIRTHPLACE (city or town) 742 Ephrain	23. If deeth was due to external causas (VIOLENCE) fill in also the following	:
16. BIRTHPLACE (city or town) 20 Splacing	Accident, suicide, or homicide? Date of Injury	, 19
(State or country) Independ	Where did injury occur? (Specify city or town, county and Stat	e)
17. INFORMANT South Comer Deggs	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
(Addrass) 18. BURIAL, CREMATION, OR REMOVAL BANKS		
Place POVIA ALL Date VOVI 27 194	Menner of Injury	
00	Nature of injury	
19. UNDERTAKER (Address)	24. Was disease or injury In eny way related to occupation of deceased?	
11/27 47/11.1.7/6/	(Signed) 4-9 Spring At	M. D.
20. FILED// Registrar.	(Address) The deares My	
If more blanks are needed, address State Registre	ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	20

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	il i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SP	ACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
---------------	-----	-----	---------	------------	----	-----------

3

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consecutive is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS/A15

The correct age

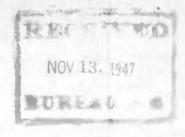
MARYLAND	STATI	E DEPAR	TMENT	OF	HEALTH	1
	2411 N.	Charles St.,	Baltimore	8	46	2

10031

CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DEATH: County Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland Frederick
City or teas (If outside city or town limits, write RURAL and give nearest town)	State. State. State County Frederick City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	503 Magnolia Avenne
Frederick Memorial Hospital How long in hospital or institution? Since November 6, 1947	7 (If rural, give LOCATION) NONE 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
MARY ALICE ROELKEY DOTY	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or directed	MEDICAL CERTIFICATION
F W W	20. DATE OF DEATH. November 10, 19 47 at 12:30A
6.(b) Name of husband or wife Rev. Dr. Robert W. Doty	21. I CERTIFY that death occurred on the date above stafed: that attended deceased from
	ears and that I last saw h A alive on 2007
7. Birth date of deceased (mo., day, yr.) June 24, 1882	Immediate cause of death OURATION
8. AGE: Years Months Days If less than one day	Immedia: cruis of death 4 dear
65 4 26hrs.	nin. Carry mg of desites
9. Birthplace Nr. Knoxville-Frederick-Maryla (Town, county, and atate) At Home	Due to
11. Industry or business	- de de la companya del la companya de la companya
E 12. Name David H. Roelkey 13. Birthplace Frederick County Maryland	
14. Maiden name Martha Alice Renn 15. Birthplace Frederick County Maryland 16. Informant Miss Louise Doty	(Include pregnancy within 3 months of death) Major findings of operations.
E 15. Birthplace Frederick County Maryland	Date of op.
16. Informant Miss Louise Doty	Autopsy results. And
Address 503 Magnolia Ave., Frederick, M	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial (Burial, exemption, or removal, Which?) Oate thereof 11/13/47 (month) (day) (year)	22. VIOLENCE: If death was due to external causea, fill in the following: Accident, suicide, or homicide
Cemetery or exemplery Mount Olivet Cemetery	Where did injury occur? (City or town) (County) (State)
Frederick, Maryland	Injured at home, farm, Industry, public place (where?)
18 Funeral director M. R. Etchison and Son	Means of injury Injured of work?
Address Frederick, Maryland	a a Presse M. D.
19. 10 North 19. 47 Elizabeth & Hedis Regist	23. Signature M. D. or other Frederick, Maryland Oate signed 11-10-47



VS A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

County. City or fown. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No
How long in hospital or institution?	2.(a) If veleran, name war
3.(a) FULL NAME Millard Lee E	3. (b) Social Security Number
4. Sex 5. Color or race 8. (a) Single, married, widowed, or divorced M. Married, widowed, or divorced M. Married	MEDICAL CERTIFICATION 20. DATE OF DEATH 700 3 19.4.7 21.4.5.45.P. N
8.(b) Name of husband or with Hilla Boller Byler 6.(c) If alive, give age #22. years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.47. to November 19.47. and that last saw h
8. AGE: Years Months Days If less than one day 7 4 9 /7	Immediate cause of feath DURATION 2 years
9. Birthplace Frederick Ea 24d. (Town, county, and atate)	Due to
10. Usual occupation	Due to
12. Name Lafehrian Royler 13. Birthplace Myd	Other conditions
14. Malden name Sarah Walty 15. Birthplace Md.	Major findings of operations
18. Informant Millard Co. Loyler	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial, cremation, or removal. Which?) Date thereof. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cometery or cromotory Mt. Hope Location alfoodsboro Md.	Where did Injury occur?
18. Funeral director. Partiler	Msans of Injury Injured af work?
Address 19 Nov. 5. 19 47 Segistrar Registrar	23. SIGNATURE M. D. or other Address Wallemble M. Date signed 5 Mar 47



WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

PLAINLY, V is especially

WRITE

PLEASE

A15 NS

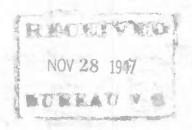
MARYLAND STATE DEPARTMENT OF HEAL

2411 N. Charles St., Baltimore

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10033...

CERTIFICAT	E OF DEATH Reg. Dist. No. 144
County (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Alma Searl 3	Fisher - 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 2	MEDICAL CERTIFICATION 20. DATE DF DEATH
Cemetery or crematory Location 18. Funeral director Address 19. May 23 (Date rec'd by registrar) Cemetery or crematory Location Location Location Address Location Location Address Location Location Address Location Location Location Registrar Registrar	Where did Injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of Injury DEPUTY AUTHOR M. D. or other Address. Date signed.



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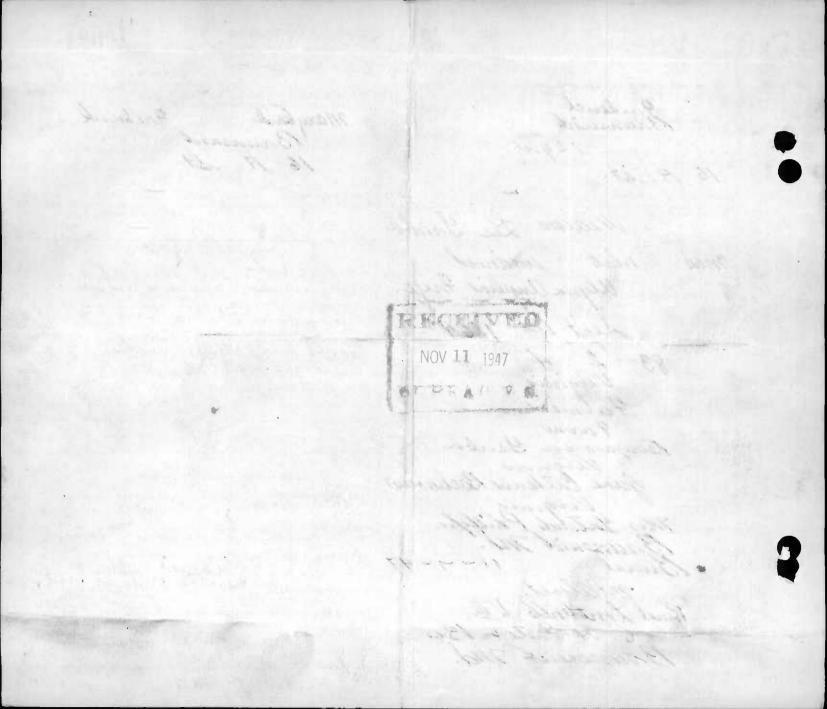
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A15 NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICA	TE OF DEATH Reg. Dist. No. 14/
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME William Lee Grubb	3. (b) Social Security Number
4. Sex Mass 5. Color of race 6. (a) Single, married, widowed, of divorced inclusives 6. (b) Name of husband or wite Ulyssa Augulin Fryl.	MEDICAL CERTIFICATION 2D. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Month Days if less than one day	Immediate cause of death Proceeding by by the DURATION Z
9. Birthplace	Due to
12. Name Buyannan Guller 12. Name Dinganan Guller 13. Birthplace Uniquina Racharus 14. Maiden name Gune Catherin Racharus 15. Birthplace Uniquing	Other conditions
Address 17. (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide. Suicide. Date of 11:2.47
Cemetery or crematory Location Russ Leveltune Co 18. Funeral director	Where did Injury occur? Bullswick Fudursh (Caty or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of Injury bullswick Fudursh (State) (City or town) (County) (State) Injured at work? Injured at work?
19. Dol. 6 1947 Nathry H. Brom (Date rec'd by registrar) (Date rec'd by registrar)	E. M. D. or other



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 1. PLACE OF DEATH: information carefully of death clearly and How long in above place of death? Hospital, institution, or street address where deal occurred: How long in hospital or institution 3. (a) FULL NAME BINDING ADING INK. Supply every item of Physicians: please write the causes FOR 7. Birth date of deceased (mo., day, yr.) Months Days If less than one day 8. AGE: Years RESERVED 1D. Usual occupation MARGIN 11. Industry or business WITH UNF important. 14. Maiden na 15. Birthplace especially PLAINLY, is especially Address (month) (day) (year) (Burial, cres WRITE P.w. Roer or LEASE 18. Funeral director Address 23. SIGNATURE

(Date rec'd by registrar)

M. D. or other

Reg. Dist. No.

2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of me		
State County	<i></i>	
City or the Conscious City or town limits,	write RURAL and give ne	arest town)
Street No	***************************************	
(If rural, give L		V
2.(a) It veteran, name war	Cemenca	A.
	3. (b) Social Security	Number
MEDICAL CE	RTIFICATION	
20. DATE OF DEATH NOV		at P.
21. I CERTIFY that death occurred on the date above	stated; that I attended dece	ased from
	10	19
and that I last saw h . (. (.) and on	200 2	5 19 K
		DURATION
mmediate cause of death	slum	4.
		· C.
	·····	
Due to	*********************************	-

Due to		***************************************

ther conditions	***************************************	
	-Ab6 3Ab]
(Include pregnancy within 3 mo	nths of death)	
Najor findings of operations	•••••	
	Date of op	
Aotopsy resolts		atatistically.
22. VIOLENCE: If death was due to external cause	s, till in the following;	
Accident, suicide, or homicide	Date ot	
Where did Injury occur?(City or town)	(County)	(State)
njured at home, farm, Industry, public place (when	e?)	
Maens of Injury	Injured at work?	00

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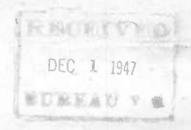
correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Frederick County Frederick City or term Frederick (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 40 years Hospital, institution, or street address where death occurred: 317 East Patrick Street How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Frederick City or town Frederick (If outside city or town limits, write RURAL and give nearest town) Street No. 317 East Patrick Street (If rural, give LOCATION) None 2.(a) If veteran, name war		
3.(a) FULL NAME KATIE VIOLA SOPHIA HAMILTO	N 3. (b) Social Security Num None		Number
4. Sex 5. Color or race 6.(a)Single, married, widowad, or divorced W M		ertification er 25, 18 47	, 7:15A
5.(b) Name of husband or wife John W. Hamilton 6.(c) If alive, give age 79 7. Birth date of deceased (mo., day, yr.) November 21, 1878	21. I CERTIFY that death occurred on the date ab 19. and that I last saw h	47 10 nov	25-19.4-7 19.4-7
8. AGE: Years Months Days 11 less than one day 69 0 4		mie	6 mms
9. Birthplace Middletown-Frederick-Maryland (Town, eounty, and state) At Home 10. Usual occupation At Home 11. Industry or business E 12. Name Lawson Biser 13. Birthplace Frederick County Maryland	Due to		
14. Maiden name. Barbara E. Remsburg 15. Birthplace Frederick County Maryland	(Include pregnancy within 8		
Mrs. Forrest Covell Address 518 W. Patrick St., Frederick, M.	Antopsy results.		
Burial (Burial, camatica, or removal, Which?) (Burial, camatica, or removal, Which?) (Burial, camatica, or removal, Which?) (Burial	22. VIOLENCE: If death was due to external ca Accident, suicide, or homicide Where did injury occur?	(County)	(State)
Frederick, Maryland 18. Funeral director. M. R. Etchison and Son Address Frederick, Maryland	Injured at home, farm, Industry, public place (v. Means of Injury	Injured at work?	M. D.
19. 28 Mart 19.4) Elizabeth & Halba Registrar	23. SIGNATURE Frederick, Mar	M, D	or other 11-27-4





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 131

				OLICATIA IOIA.	E OI DEMINI	Reg. Dist. No.
1. PLACE OF DEATH: Frederick County. Frederick City or team (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 15 years Hospital, institution, or street address where death occurred: 309 Upper College Terrace How long in hospital or institution?					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State Frederick City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) None	
3. (a) FULL NA	ME	CARR	IE CAF	TALIA HOLTZ		3. (b) Social Security Number
4. Sex	5. 0	olor or race		, married, widowed, or disorced	MEDICAL C	ERTIFICATION
F		W		W		r 9th 19 47 . 3:50A
6.(b) Name of husbar T. Birth date of deceased (mo., day		. Cla:	8.(0	C. Holtz) If allve, give ageyears .865	21. I CERTIFY hat death occurred on the date about 19	47, 10 Nov. 9 19 47
o. Mon.	ars 32	Months 6	Days 26	If less than one dayhrsmln.	Gassinomi	a treast 3 year
10. Usual occupation 11. industry or busin 12. Name	Fre	At Home	Staley K Coun easell K Coun	ty Maryland ty Maryland Smith	Oue to	hich death should be charged statistically.
Buria (Buria)	l	Mount Frede: M. R. Frede:	Oliverick,	t Cemetery Maryland son and Son Maryland inality Hech	Accident, suicide, or homicide	Date of

ADING INK. Supply every item of information carefully. The of Physicians: please write the causes of death clearly and legibly. FOR BINDING MARGIN RESERVED PLAINLY, WITH UNF

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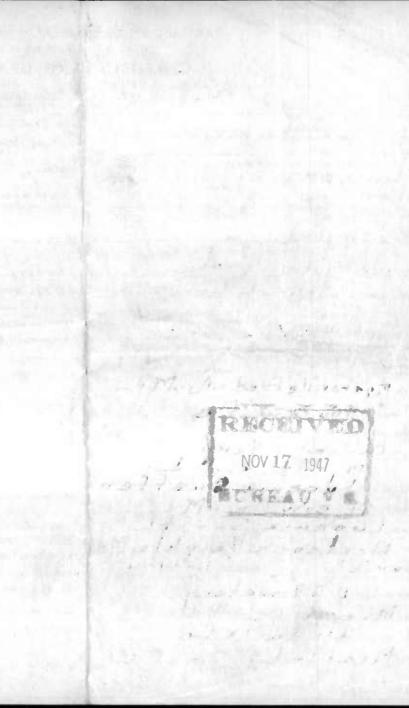




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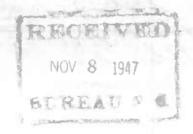
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No ... 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: . (For newborn infants give residence of mother) (If oatside city or town limits, write RURAL and give nearest town) Hospilal, Institution, or street address where death occurred (If rural, give LOCATION) How long in hospital or institution?... 2.(a) It veteran, name war...... 3. (a) FULL NAME 3. (b) Social Security Number none MEDICAL CERTIFICATION 20. DATE OF DEATH NOV. 11. 19.4.7. at 21. I CERTIFY that death occurred on the date above stated; that I affended deceased from deceased (mo., day, yr.) DURATION 8. AGE: 11. Industry or business (Include pregnancy within 3 months of death) PHYSICIAN: Pfease noderline the caose to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following Injured at home, farm, Industry, public place (where?) Injured at work? Means of Injury R. R. W. BAER L EXAMINER or other



MARYLAND STATE DEPARTMENT OF HEALTH

	TE OF DEATH Reg. Dist. No. 131
1. PLACE OF DEATH: County (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or lown (If outside city or town timits, write RURAL and give nearest town) Street No. (If rurat, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME Maggie Hoy	3. (b) Social Security Number
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced The Color of race 10. (a) Single, married, widowed, or divorced. The Color of race 10. (a) Single, married, widowed, or divorced.	MEDICAL CERTIFICATION 2D. DATE OF DEATH. O. G. 19.16.) 21. 10.6.
6.(b) Name of husband or wide	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ON 2 9 19 47, to 22 19 47 and that I last saw h. e.g. alive on 2 19 47 Immediate cause of death DURATION Due to Due to Due to
Y 13. Birthplace Hand 14. Maiden name Man 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations.
Address Address Date thereot (month) (day) (year) Cemetery or exematory (month) (day) (year) Location (Mark College)	Date of op. Autopsy results
18. Funeral director. Address Weight Fill Elizabeth & Heck	23. SIGNATURE M. D. or other



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DEATH: Frederick County Frederick City or the Frederick write RURAL and give peacest town)					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland Frederick Frederick			
City or TPOCETICK (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 20 Years			URAL and give nearest town)					
				City or town. (If outside city or town lin	nlts, write RURAL and give n	icarest town)		
Hospital, Instit	lution, or stre	et address where	death occurred		Street No. 110 West Pat	rick Street		
110	West	Patric	x Stre	et	(If rura), g	ive LOCATION)		
How long in h	ospital or Ins	titution?		e	2.(a) If veteran, name war	2.(a) If veteran, name war None		
3. (a) FUL	LNAME					3. (b) Social Securit	y Number	
		MARY L	OUISE	SHRINER JOHNS	PON	None		
4. Sex	5.	Color or race	6.(a)Singh	, married, widewed, or diverced	MEDICAL	CERTIFICATION		
F		W		M	2D, DATE OF DEATH November	r lst, 19 47	10:30A	
		Arthu	ır R.	Johnston	21. I CERTIEY that death occurred on the date	above stated; that I attended de	ceased from	
5.(0) Rame of	unspsug ol			Unknown		19 to		
7. Birth date o	if	Decemi) If alive, give age Unknown. 1874	and that I last saw hallow on	1 11 1	ur 1947	
deceased (n	no., day, yr.)	DOGGII	001 10	, 1011	Immediair cause of death		DURATION	
8. AGE:	Years	Months	Days	if less than one day	Coronary Thros	uleasis	Just.	
	72	10	18	hrsmi	in.			
9. Birthptace	Fred			ick-Maryland	Due to			
		(Town	county, and s	tate)		***************************************		
10. Usual occ	upation	At Home	<i>7</i>		Due to			
44 Industry o	- huelagee					***************************************		
₩ 12. Name	Geo	rge W.	B. Sh	riner	Other conditions			
II 13. Births	lace F	rederi	ck, Ma	ryland		,		
#	A	lice Ea	ader		(Include pregnancy within	3 months of death)		
H 14. Maid	en name	rederic	-1- 35-	3 3	Major findings of operations	***************************************		
₹ 15. Birthp	place F	rederi	ck, Ma	ryland				
t6. Informant	Mrs.	Richar	rd P.	Ross	Autopsy results			
Address	118 W	. Chur	ch St.	, Frederick, Me	PHYSICIAN: Please underline the cause to		ed statistically.	
				11/4/47	22. VIOLENCE: If death was due to external			
(Burial, e	L L A L	romoval, Which	Date there	(month) (day) (year)	Accident, suicide, or homicide	Date of		
Cemetery of	r asamalaan.	Mount	Olive	t Cemetery	Where did injury occur?(City or tow	n) (County)	(State)	
Location		Frede	rick,	Maryland	Injured at home, farm, Industry, public place			
18. Funeral d		1// D	Etchi	son and Son	Misens of Injury	Injured at work?		
18. Funeral d	IITECTOF		rick.	Maryland	01 1. 2	1 Call	16 D	
Address \			00	A At la H	23. SIGNATURE THE PROPERTY AND THE PROPE	d. Comment	or other	
19. 3 N	W.	18 KY	13	gabelle J. Meck	Address Frederick, Ma	ryland not store	11-3-47	
(Date rec	d by regist	rar)		Registr	AUGIESS.	:::	U	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore

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10041

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DE	ATH: Freder:	ick	•	2. USUAL RESIDENCE (HOME) (For newborn infants give residence o	f mother)	16
City or towa Thu rmont (If outside city or town limits, write RURAL and give nearest town)				State Maryland C		
How long in above place of death? 50 years Hospital, institution, or street address where death occurred:			rs d:	City or town (If outside city or town limits, write RURAL and give nearest town) East Street Street No.		est town)
How long in hospital or institution?				2.(a) If veteran, nams war	We LOCATION)	
3. (a) FULL NAME ANNA MAY JONES			A MAY JONES		3. (b) Social Security N	umber
4. Sex	5. Color or race	- no mag	e, married, widowed, or divorced	9-30	CERTIFICATION	10.4
Female			Idowed	2D. DATE OF DEATH.		
6,(b) Name of hyskand	or wife Be:	njamir	n M. Jones	21, I CERTIFY that death occurred on the date a	bore stated; that I attended decease	ed from
*******************************			c) If alive, give ageyears	and that last saw h alive on	9.4-1, to	19
7. Birth date of deceased (mo., day,	w.) Ju	ne 2'	7, I879	Immediaje cause of death		DURATION
8. AGE: Years	025	Days 25	If tess than one day	Browlial as		8 years
				-		
9. Birthplace	(Town	, county, and	roll Co., Md	Due to		******
1D. Usual occupation.	Reti		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Due to.		
1t. Industry or busines	18	sewife				
12. Name	Charles (***************************************	Other conditions		************************
¥ 13. Birthplace	Carrol:	1 Coun	ty, Md.	(Include pregnancy within	9 months of death)	
当 14. Maiden name.	Amanda	a Scha	effer.	Major findings of operations		
			rroll Co., Md	Major indings of operations		
16. Informant	Mng Car		. Ricker.	Antonsy results		
Address	Thurmon			PHYStCIAN: Ptease underline the cause to		tatistically.
17. But	rial	Date the	Nov. 24, 194		Date of	
Cemetery or cremate	ory		ethern	Where did injury occur?(City or town		
Location	Thurm	ont,	Md.	Injured at home, farm, industry, public place ((where?)	
18. Funeral director	M. L	. Cres	ager & Son	Means of Injury	Injured at work?	
Address		mont,		23. SIGNATURE James 3	ray min	>
19 Nov. 24	19.4.7	B	lauche S. Eyler	Address Thurwart	M. R. of	-1/

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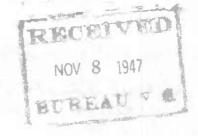
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

CERTIF	Reg. Diat. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cily or Lawn	State Stayland County Frederick
Hospital, Institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
How long in hospital or Institution?	(If rural, give LOCATION) 2.(a) If veleran, name war
3. (a) FULL NAME Balen Bong Ken	3. (b) Social Security Number
Nale While Single married, widowed, or dispression	MEDICAL CERTIFICATION 2D, DATE DF DEATH. 20/2/5
8,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) November 5, 1947	and that I last saw h
8. AGE: Years Months Days Mess than one day	5 min. Call muntur
9. Birlhplace. Preducia Co. nd. (Town, county, and state)	Due to Sunth
1D. Usual occupation	Due 10. James Chr.
11. Industry or business 12. Name Malley Monald Keys 13. Birthplace Prederick Co-Ned.	Olher conditions
14. Maiden name Tay Schulty 15. Birthplace Prederick Co. oned.	(Include pregnancy within 3 months of death) Major findings of operations.
15. Birthglace Frederick Co. Fred.	major madaga of operations. Date of op.
Address Frederick R. 7. D. ## 3	Autopsy results
17. Burial Date thereof (month) (day) (y	947 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemelery or crometory Bethel Cemetern	Where did Injury occur? (City or town) (County) (State)
Location M. Charlesvelle, had . O	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Address Frederick Fund.	23 SIGNATURE At Laurence Jahrne mis
19. le Must 19.4) Elizabeth J. He	Registrar Address Ledwich Md Date signed 1/-5-4



Registrar

2411 N. Charles St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Mary land

10043

Reg. Diat. No. 139

County Prince George

	fil.)
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BINDING

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(Date rec'd by registrar)

The correct age

CERTIFICATE OF DEATH 1. PLACE OF DEATH: Frederick item of information carefully. The causes of death clearly and legibly State Sanatorium, Maryland
(If outside city or town limits, write, RURAL and give nearest town) How long in above place of death? Since 5/6/46 Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium How long In hospital or institution? Since 5/6/46 3. (a) FULL NAME Myrtle Kogel 5. Cojor or race 6.(a) Single, married, widowed, or divorced Female White Widowed 7. Birth date of March 11. 1892 deceased (mo., day, yr.) ADING INK. Supply Physicians: please wri If lese than one day 8. AGE: Years 55 8 15 Omaha. Nebraska (Town, county, and state) Housewife 10. Usual occupation... 11. Industry or business C. G. Elsasser Germany 13. Birthplace 14. Maiden nar 15. Birthplace Adelia Orchied 14. Maiden name... Iowa Deceased especially 16. Informant PLAINLY is especial Address Burial (Burial, cremation, or removal. Which?) Cemetery Colors Ft. Lincoln Colmar Manor, Maryland 6 Wm. J. Nalley 18. Funeral director... Address 3200 R.I.Ave., Mt. Rainier,

Street No. 4016 - 35th St. (Ifrural, give LOC.		
2.(a) If veteran, name war	••••	
	(b) Social Secur 216-18-7	
MEDICAL CERT	IFICATION	
20. DATE OF DEATH November 26.	19.4	7 15:00A
21. I CERTIFY that death occurred on the date above sta May 6	10 NOV.	26 19 47
Pulmonary Tuberculo	sis	21 Mos.
Due to		
••••••		
Due to		
Dther conditione	•••••	*******
(Include pregnancy within 3 month	s of death)	
Major findings of operations		
	Date of op	
Antopsy results	leath should be cha	rged statistically.
22. VIOLENCE: If death was due to external causes,	fill in the following:	
Accident, eulcide, or homicide	Date of	
Where did injury occur?(City or town)		
Injured at home, farm, Industry, public place (where?		
Meane of Injury	Injured at work?	
23. SIGNATURE	M	Dece



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10044 Reg. Diat. No. 134

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town)		
How long in hospital or Institution?	Street No		
3.(a) FULL NAME Rose Faiser For	Sliverger. 3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or directed Termale It hite Itelanal 6.(b) Name of husband or wife a structure of Married Athelise agents.	2D. DATE DF DEATH. 2D. DATE DF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 47 to 100 18 19 47		
7. Birth date of deceased (mo., day, yr.) Fibrusary 23 1874 8. AGE: Years Months Days If less than one day	and that I last saw h. EV alive on 200. 18 47 Immediate cause of death DURATION Carebrol Lemondage 7 Loys		
9. Birthplace	Due to		
11. Industry or business 12. Name 12. Name 13. Birthplace 14. 14. 14. 15. 15. 16.	Diher conditions		
14. Maiden name Lighthan Bergmann. 15. Birthplace Dermany. 16. Informant May Fred Keyper.	Major findings of operations		
Address 107 Ne Walt Que Pittahurgh, Pa. 17 Passaral (Burial, cremation, or removal, Which?) Date thereof. Mov. 19, 1947. (month) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Commetery or crematory Location Locatio	Where did Injury occur?		
19, Nov. / S 19 47 Elizabeth Hecks Registrar	23. SIGNATURE Bernard Thomas Jr. M. D. M. D. or other Address Frederick, Md. Date signed 11.1.8/47		



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Coughy Coughy (If outside fity or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veleran, name war.
Land George (71) Xenino	
4. Sex 5. Color or race 6.(a) Singlet married, wildowed, or divorced	MEDICAL CERTIFICATION 2D. DATE DF DEATH November 3 19 47, 21 6 - 9 1
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 18. 47, to November 3. 19. 47.
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	and that I last saw h. mailing on Dovember 3 19.47. Immediate cause of death Drumches procure DURATION
83 1 13nrsmin.	Q
9. Birthplace	Due to Cerebral hemorkage
1D. Usual occupation	Due to Certerios cleratic teart
12. Name	Dther conditions
HE 14. Maiden name Manual Assets 18. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Meta Selley Melia Melia Melia	Antopsy results
17. Date thereof The Mark (Burial, cremation, or removed, Which:) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory. I the sold of the block of a Compatible delication of	Where did Injury occur?
Location Alexander () Thinks	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address Styffesville, 7111,	23. SIGNATURE Of - Cuthin Cearre.
19.3 NATE 19 (Date rec'd by registrar) Registrar	Address Fre Sevicle, MS. Date signed 11/3/47



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PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10046

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Frederiale	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State Edd County Ly
How long in above place of death? 27 - XS	(If outside city or town limits, write RURAL and give nearest own)
Hospital, Institution, or street address where death occurred:	
	Street No
How long In hospitat or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
10 Hiram Franklin 1	Sinis AT
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M 1 : 1 M	
Mala white Married	2D. DATE OF DEATH
6.(b) Name of husband or wife Mary Forvest Louis	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
	720 2 1947 to 7200 2 1947-
7. Birth date of M	and that I last saw have alive on 727 2
deceased (mo., day, yr.) March 13, 1870 8 A.F. Years Months Days If less than one day	Immediate cause of death DURATION
o. Rul.	Mr. Com Iday
77 7 20hrs	AIN.
9. Birthplace Walfavalle Trederick County, Md.	Bue to Frontale
(lown, county, and state)	
1D. Usual occupation. Tax Carl	Due to
11, industry or business	
12. Name Lahre Wilsville, Nd.	Dther conditions Que Vary 11/2/47 Test
I 13. Birthplace Walfsville, Md.	purous trusted -
# 14 Maiden name Lizzie Harrison	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
\$ 15. Birthplace Wolfsvolle, Md.	Date of op.
14. Maiden name. Litzle Harrison. 15. Birthplace Wolfsvolle, Md. 16. Informant. Mary F. Lewis	Autopsy results.
Address Smithsburg, Md Roval	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
17	Accident, sutcide, or homicide
Cemetery or crematory Mt. Bethel Cometery	Where did Injury Occur?
la line in the	Injured at home, farm, Industry, public place (where?)
Location	Means of Injury Injured at work?)
1B. Funeral director.	
Address Middletown, Md.	1 100000 ATT. V. To. 1
mand was Quit Mand	23. SIGNATURE M. D. or other,
19 Note 6 (Date rec'd by registrar) (Date rec'd by registrar)	rar Address 15-3 WWest St. Hageletourned 11/4/47.
(Date red o by registrar)	Address

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2411 N. Charles St., Baltimore

10047

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-	F2.		

			CERTIFICA	TE OF DEATH	Reg. Dist. No	139
City or town	Frede e Sanato side city or town lim death? Sinc reet address where do Tubercul	rium, e 7/1 eath occurred	Sana tori um	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County City or town. Baltimore (If outside city or town limits, write RURAL end give nearest town) Street No. 2128 E. Baltimore St. (If rural, give LOCATION) 2.(a) If veteran, name war.		
3.(a) FULL NAME Joseph Lezon					3. (b) Social Security 212-07-5	
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL	CERT!FICATION	
Male	White		Widower	2D. DATE DF DEATH November	8 19 4	7,11:50A
6.(b) Name of husband or	wite		N. W. D. C. and C. C. a	21. I CERTIFY that death occurred on the date :	above stated; that I attended de	ceased from 8 19 47
7. Birth date of	March	1 12) If alive, give ageye	and that I last saw h i.M. alive on N.C.	ovember 8	1347
deceased (mo., day, yr.)	Mar or	,	2007	Immediate cause ol death		OURATION
8. AGE: Years 62	Months 7	Days 27	If less than one dayhrs	Pulmonary Tuber	culosis	24 Mos
9. Birthpiace PC	Machir	1101	tate)	0.00.110.00.100.00.00.00.00.00.00.00.00.		
11. Industry or business				300 10		
≝ 12. Name	ohn Lezo Poland	on		Other conditions		
and a second second				(Include pregnancy within	3 months of death)	
14. Maiden nameA	Mary Jane Poland	ecuko	***************************************	Major findings of operations		
16. Informant	Deceased	************		Actopsy results	b	
Address 11. Burial (Burial, cremetion, company or crematory)	or removal. Which?)	Date there	(month) (day) (year)	22. VIOLENCE: If death was due to external and Accident, suicide, or homicide	Date of	
Location Frede	net Re.	Bel	time, Ms	Injured at home, farm, Industry, public place	(where?)	
19 Funeral director	J. G. Con	nnell	у	Means of injury	injured at work?	
			Baltimore, Md.	23 SIGNATURE RW B		
19. Nov . 10	19.47	. St	of orpu	Address State Sanator		XXXX 11/10/47

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NOV 12 1947

NFADING INK. Supply every item of information carefully. The oft. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

important.

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MARYLAND STATE DEPARTMENT OF HEALTH

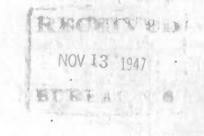
2411 N. Charles St., Baltimore

10048

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Mary land County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 1461 Reynolds St. (If rural, give LOCATION)		
			Maryland O/47 Sana tori um			
How long in hospi	Ital or Institution?Si	nce 7/	30/47	2.(a) It veteran, name war		
3.(a) FULL N Will	iam J. Lor	enz		3. (b) Social Security N 215-10-776		
4. Sex	5. Color or race	6.(a)Single,	married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	Mar	ried	20. DATE OF DEATH November 11 19 47	5:30P	
		6.(c)	renz It alive, give age 36 years 2	21. I CERTIFY that death occurred on the date above stated; that I attended deceas July 30 19 47, 10 Nove 11 and that I last saw h 1 m alive on November 11	19. 47. 19. 47.	
	Years Months 35 2	Days	If less than one dayhrs min.	Pulmonary Tuberculosis	12 Mos.	
10. Usual occupa 11. Industry or bu 12. Name	Wm. Loren Baltimore	er z , Md.		Due to		
14. Malden i 15. Birthplac	Margare Baltimo	t McDo	nald.	Major findings of operations		
14. Malden name Margaret McDonald 15. Birthplace Baltimore, Md. 16. Informant Deceased				Actorsy results	atistically.	
Cemetery or cr	otion on nomoval Which?	w Cathe	Maryland	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	(State)	
18. Funeral direc	Charles Col E. Fort	F. Dil Ave.,	Ralto Md.	Msans of Injury Injured at work? 23. SIGNATURE. R. G. Baces: M. D. 36.	Kenesk _	
(Date rec'd	by registrar)		Registrar	Address State Sana TOTIUM, MQ. Date signed	1.1.4.6.1.4	



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corresponding is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 139

DI LOT OF DELL	THE	W. S.		2 HIGHAI DECIDENCE (LICAME) OF	DECEASED.		
1. PLACE OF DEATH: Frederick				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
LOUNTY			Maryland	State Maryland Coun	ıly		
Cily or town. State Sana tori um. Mary land (If outside city or town limits, write RURAL and give nearest town)			URAL and give nearest town)	City or town			
How long in above place of death? Since 5/26/45 Hospilai, instilution, or street address where death occurred:				arest town)			
Hospital, institution, or s	d Mub are	death occurred	s Sanatorium	Street No. 1517 Pumphrey St. (Ifrural, give LOCATION)			
mar 7 +em	M 1999	naa 5	/26/45				
	nstitution?O.L.	110.0	.6.9.1.14.2	2.(a) If veteran, name war			
3. (a) FULL NAME	35.37			3. (b) Social Security Number			
Henry	McNew	· E			214-01-73	82	
4. Sex	5. Color or race	1665	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION		
Male	White	l I	Married	20. DATE OF DEATH November 2	9 19 47	1:35P	
6,(b) Name of Bispania	wife Sel	ena Mo	New	21. I CERTIFY that death occurred on the date above	ve stated: that I attended dec	eased from	
			c) If alive, give ageyears	May 26 19	42 to NOV . A	19.4.	
7. Birth date of	A			and that I last saw h. im. alive on NOV			
deceased (mo., day, yr.	Monihs	Days	1 91.0	Pulmonary Tubercu	la cala	DURATION	
o. Au.				Pulmonary Tubercu	(TOSIS	32 Mos.	
37	2	29	hrs min.		b	a to the same	
9. BirthplaceBe	ltimore	, Mary	land	Due to			
	Wi rom		state)		•••••		
1D. Usual occupation	LIIOM	CALL	***************************************	Due to	•••••		
11. Industry or business							
12. Name	lenry Mc	New	•••••	Other conditions	***************************************		
13. Birthplace I	Bal timor	e, Md	a	(Include pregnancy within 3 m			
#	fargaret	Fros	t (?)				
14. Maiden name. A	oltimon	A MA	· · · · · · · · · · · · · · · · · · ·	Major findings of operations			
≥ 15. Birthplace I	Saleimor	e, ma	•				
16. Informant	eceased		***************************************	Autopsy results	tot doub should be absented	Latatistically	
Address						statisticany.	
			· Nes 2 19117	22. VIOLENCE: If death was due to external caus			
17 Surish. (Burial, cremation,	or removal. Which	Date ther	eof. Dec 2 1947 (month) (day) (year)	Accident, suicide, or homicide			
Cemelery or crematory	Cal	Caron	Cem	Where did injury occur?(City or town)	(County)	(State)	
7225	Enter			Injured at home, farm, Industry, public place (wh			
Location 7225 Eastern ava Biltimore Ma				Msans of Injury	Injured at work?		
			offman	0/1	/		
Address 1639	N. Bro	adway	Baltimore, Md	23. SIGNATURE	m-		
Dec. 1	19 47	14	Registrer		23. SIGNATURE. M. D. XXXXX M. D. XXXXX M. D. XXXXX 144 State Sanatorium, Md. nate signed 12/1/47		
19.		-	Registrar	State Sanatoriu	III . IVIU . Date signed	+6/+/4/	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 139

		CERTIFICA	Reg. Diat.	No
1. PLACE OF DE.	Frederic	k	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
CountySta	ate Sanai	torium, Maryland	state Maryland county Allego	any
City or town(If o	outside city or town li	corium, Maryland mits, write RUBAL and give nearest town) 10 6 7/9/47	City or town Cumberland (If outside city or town limits, write RURAL and	give nearest town)
Mospital, institution, or	street address where	death occurred:	Street No. 25 Arch St.	
Maryland	d Tuberca	losis Sana torium	(If rural, give LOCATION)	. /
		nce 7/9/47	2.(a) If veteran, name war	V
3.(a) FULL NAMI	s H. Mess	sick	3. (b) Social S 705-10	ecurity Number -3815
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	N
Male	White	Married	20. DATE OF DEATH November 11	
7. Birth date of	Tuno	ian Ethel Messick 6.6 If alive, give age 56 years 12, 1889	and that I last saw nalive on	. 11 1947
deceased (mo., day,)		Days I If less than one day	Immediate cause of death	30 Yrs
8. AGE: 5		Omin.	Pulmonary Tuberculosis	JO IFS
9. BirthplaceR	omney W	• Va • county, and state)	Due fo	
1D. Usual occupation		airman	Due fo	
11, Industry or busines	James A.	Messick	Dther conditions.	
	Romney,			
	Ida Rod	w. Va.	(include pregnancy within 3 months of death) Major findings of operations	
U 15 Sirthniace	Romney.	W. Va.	major nadings of operations	
D	ecessed.		Autopsy results.	
16. Intermant	<u>cocabea</u>		PHYSICIAN: Please underline the cause to which death should he	charged statistically.
Address 17. Burial Date thereol 11/11/17 (Burial, cremation, or removal, Which?)			22. VIOLENCE: If death was due to external causes, fill in the following Accident, suicide, or homicide	
(Burial, cremation	n, or removal. Which?		Where did Injury occur?	
		H11		
Location	Cumberla	nd, Maryland	Injured at home, farm, industry, public place (where?)	
		Hafer	Means of Injury Injured at w	ork?
		e., Cumberland, Md.	23. SIGNATURE R. G. Balleri	M. D. W KOKX
19. Nov.]	2 19 47	Registrar	Address State Sanatorium, Md. Date	e signed 11/12/47

ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly.

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NOV 13 1947

2411 N. Charles St., Baltimore

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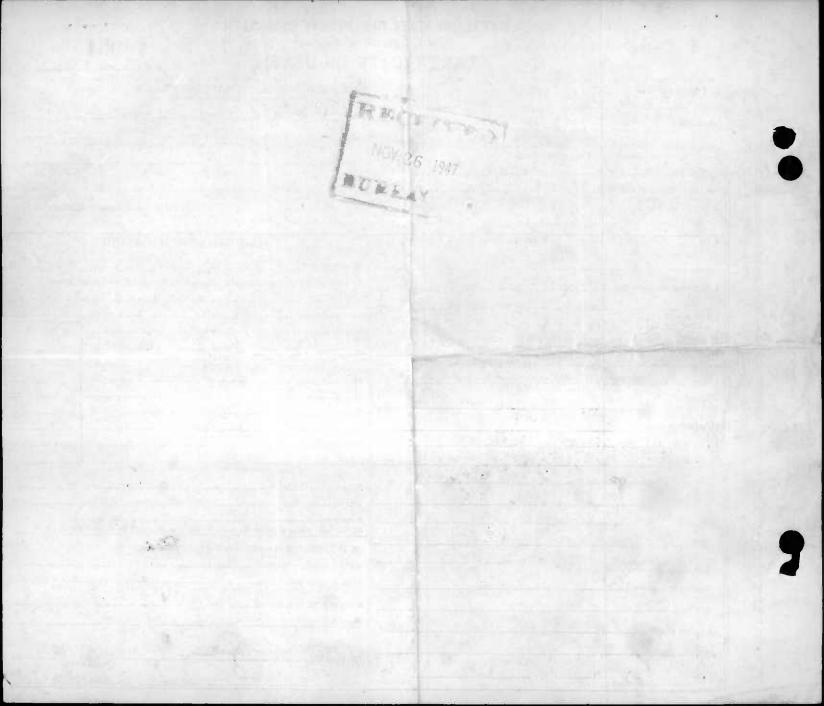
CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate
4. Sex Male 5. Color or race 6.(a) Single, married, widowed, or divorced S.	MEDICAL CERTIFICATION 20. DATE OF DEATH November 23 1947, at 1:20 P. N
6.(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day The first min.	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Nov. 23 19. 47 and that I last saw h. i
9. Birthplace Rual — when Thurmontys 10. Usual occupation 11. Industry or business 12. Name	Due to
14. Maiden name Explan 1. M. Shrave 15. Birthplace Washington D. C. 16. Informant Mrs. Calvin C. Willer	(Include pregnancy within 3 months of death) Major findings of operations
Address Human Rt. Mac. 17. Burial, cremeter, or removal, which Company (month) (day) (year) Cemetery or cremeter, Mf. Office of Company (year)	22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide
Location 18. Funeral director. Address Collegia Survey (Date rec'd by registrar) Location Collegia Survey Registrar	Means of Injury 1 Injured at work? 23. SIGNATURE. M. Dorother Address Hurmon M

UNFADING INK. Supply every item of information carefully. Present. Physicians: please write the causes of death clearly and lightly MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNF is especially important.

orrect age

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M. D. or other

information carefull of death clearly and

correct age

ADING INK. Supply every item of Physicians: please write the causes BINDING FOR RESERVED PLAINLY, vis especially

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

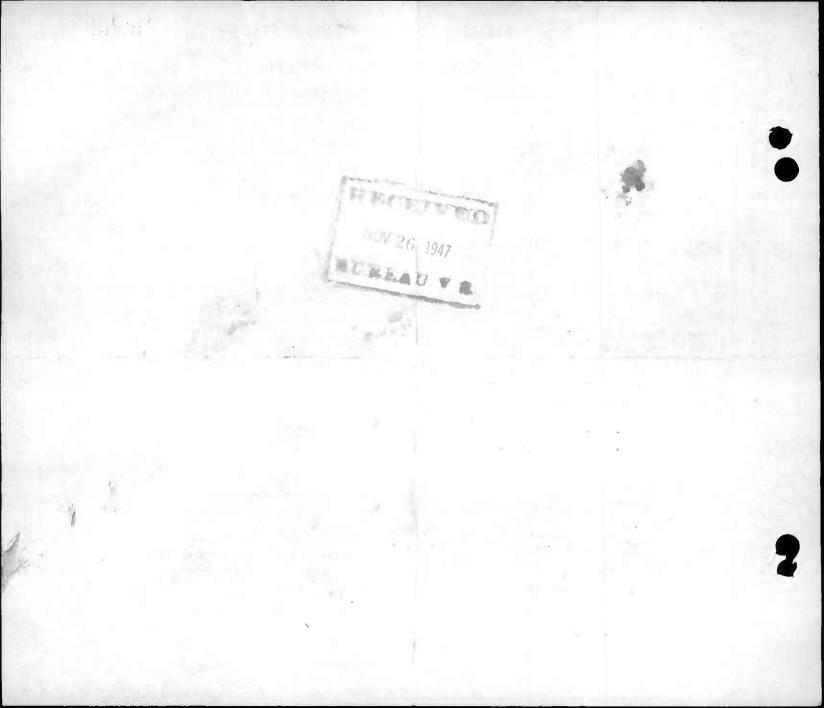
CERTIFICATE OF DEATH

131 Reg. Diat. No....

Frederick

1. PLACE OF DEATH: County Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Hnaderick		State Maryland County Fred	Le	
	mits, write R	Frederick		
How long in above place of death? 5 Y	ears		(If outside city or town limits, write RUKA	
Mospital, institution, or street address where	death occurred		Street No. #58 Taney Apartment	; 9
#58 Taney Apartm	ents	***************************************	(If rural, give LOCATION)	
How long in hospital or institution?			2.(a) If veteran, name war. None	*****
3. (a) FULL NAME			3. (b) So	-
	A DE ON			
		MILLER	218-	- 7
4. Sex 5. Color or race	6.(a)Single	married, widowed, or divorced.	MEDICAL CERTIFICA	ΓA
M · W	·	M	20. DATE OF DEATH 22	
		El- • do -		
6.(b) Name of bushand or wife. Marg	aret	rricz	21. I CER7IFY that death occurred on the date above stated; that	112
	6.(c) If alive, give age 24 years	19 10	
7. Birth date of		, , , , , , , , , , , , , , , , , , , ,	and that I last saw h	
accesses (men any)			Impadiate cause of death	
8. AGE: Years Months	Days	If less than one day	Jun 2hot would	1
26 6	19	hrsmin.	lift chest	
9. Birthplace Lewistown-Fr	ederi	ck-Maryland	Sucide	
		tate)	DUE (U	
1D. Usual occupation Truck Dr	iver			
ID. USUSI OCCUPATION	olent	ine	Due to	
11. Industry or business E. C. V	grenc	TIIO	••••••	
E 12. Name Roy E. Mill	er, S	r.	Other conditions	
12 Riethniana Frederick	Count	v Marvland		
H 14. Maiden name Goldie	Redmo	nd	(Include pregnancy within 3 months of deat	th)
E 14. Maiden name	0 1	37 3	Major findings of operations	
15. 8irthplace Frederick	Count	y Maryland	D	ate
14. Maiden name. Goldie 15. 8irthplace Frederick 16. Informant. Mrs. Margar	et Mi	ller	Autupsy results	
Addres#58 Taney Apt	- a F	nederick Md.	PHYSICIAN: Please underline the cause tu which death shu	utd
			22. VIOLENCE: If death was due to external causes, fill in the	foll
17. Burial (Burial, cremetion or removal, Which?)	Date there	11/25/47	Accident, suicide, or homicide.	D
(Burial, cometion, or removal, Which?)			Accident, suicide, or nomicide	4
Cemetery or operatory Mount	Olive	Where did injury occur? (City or town) (C	our	
Location Freder	cick.	Injured at home, farm, industry, public place (where?)	Y	
Location	731	3 0	Means of Injury (2 Ga - Shart Carping	rod :
18. Funeral director	Et Chi	son and Son	magne of injury	,cu
Freder	cick.	Maryland	N. 141 B.	7
Address			23. SIGNATURE	
19.24 Nov- 19.4)	13	isabette & Hack	Frank was de d	
(Date see'd by registrar)		Registrar	Address	

			Social Security	
				10
, I	MEDICAL			
20. DATE OF DEATH.	~~~	22	19. K. Z	21 8 . Y57
21. I CERTIFY that death occ	urred on the date	above stated; †!	hat I attended dece	ased from
and that I last saw h	dead	19. 10.	5 2	19 19 X
Immediate cause of death.	of wa west	ud Q	7	The DURATION
Due to				
0+0++0000000000000000000000000000000000				* *************************************
Other conditions				• • • • • • • • • • • • • • • • • • • •
(Include p	regnancy withir	3 months of de	eath)	
Major findings of operation	IS	,,,		



2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH: Frederick	(For newborn infants give residence of mother) Slate Maryland County Frederick		
Frederick			
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, insiliulion, or street address where death occurred: Frederick Memorial Hospital How long in hospital or instilulion? 1 day	City or two Frederick (If outside city or town limits, write RURAL and give nearest town) Street No. 315 East Second Street (If rural, give LOCATION) 2.(a) If veleran, name war. None		
3.(a) FULL NAME MAUDE E. HUNICHEN MILLER	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(4)Single, married, wildowed, or directed	NONE MEDICAL CERTIFICATION		
Female White Married	20, DATE DE DEATH November 16th. 19 47 21 7 A.		
6.(b) Hame of husband or Harry J. Miller 6.(c) If alive, give age 69 year deceased (mo., day, yr.) June 27–1880	21. DCERTIFY that death occurred on the date above stated; that I attended deceased from 19		
8. AGE: Years Months Days If less than one day	in. a Charte Comes Thumpons 3 de		
Baltimore, Maryland (Town, county, and state) 1D. Usual occupation. Housewife 11. Industry or business Home EX 12. Name. Dr. Albert S. Hunichen 13. Birthplace Baltimore, Maryland	Diler conditions (Include pregnancy within 3 months of death)		
Ida Smith	(Include pregnancy within 3 months of death) Major findings of operations.		
14. Maiden name Ida Smith 15. Birthplace Frederick County- Maryland 16. Informant Miss Evelyn M. Miller Address 315 E. Second Street- Fred'k., Md.	Antopsy results		
Burial (Burial, St. Johns Cemetery Cemetery or Company St. Johns Cemetery	Accident, suicide, or homicide		
Location Frederick, Maryland	Injured at home, farm, Industry, public place (where?)		
18. Funeral director C.E. Cline and Son Address Frederick, Maryland	Means of Injury Injured at work?		
Address 19. (Date rec'd by registrar) Registrar	23. SIGNATURE M.O. or other		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10054 eg. Diat. No. [3]

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County HALLES	(For newborn infants give residence of mother)
het Dollaret 10 . sell	State Marifand County Joseph
(If outside they or town limits, write RURAL and give nearest town)	The state of the s
low long in above place of death?	(If outside city or town limits, write RURAL and give hearest town)
ospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
low long In hospital or thstitution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Galand Lee morgan	
4. Sex 5. Color or race 8.(a) Single, married; widowed to divorced	MEDICAL CERTIFICATION
male W Single	20. DATE OF DEATH 200 15 19 47, at 7:30 ps
5, (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19
S. (c) If altre, give ageyears	and that I last saw h
deceased (mo., day, yr.) July 1946	Immediate Quee of death
B. AGE: Years Months Days If tess than one day	Munica 3 dae
1 4 14min.	Brancho
Levelande for 17	Due to
(Town, eoubty, and state)	Due to
D. Usual occupation.	
/	Due to
1. Industry or business	
12. Name Elwood murgon 13. Birthplace Le rederses County	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Winter a live to	
1	Major findings of operations.
15. Birthplace Helderich County	. Date of op.
6. Informant Llwood morgane	Antopsy results
Address Leaderick R F &	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 10 10 10 10 10 10 10 10	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, crawling of which:) (Burial, crawling of which:) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or eventury Union Elakel	Where did Injury occur?
Location Ly Jees Tillows	Injured at home, farm, Industry, public place (where?)
lat bout	Means of Injury Injured at work?
18. Funeral director	O VIEW ()
Address Valla Proville MO	N.W Boellica
17- W 130	23. SIGNATURE. M. OLIMPITAE.
(Date ree'd by registrar) Registrar	1 to deside 141. 11.47.4



MARYLAND STATE DEPARTMENT OF HEALTH

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FOR BINDING

MARGIN RESERVED

PLEASE WRITE

A15 SA 2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

			Reg, Dist. No	
1. PLACE OF DEATH: county Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State		
Frederick			oty Trader LCI	Δ
(If outside city or town lim How long in above place of death?	ita, write RURAL and give nearest town)	City or town Frederick (If outside city or town limits		
How long in above place of death?	oth negurad:	Street No. 311 West Seve	write RURAL and give r	nearest town)
311 West Seventh	Street	Street No. OLL West Seve	HOH DOLGER	
***************************************	***************************************	(If rural, give LOCATION) NONE		
How long in hospital or institution?	······································	2.(a) If veteran, name war.		
3. (a) FULL NAME			3. (b) Sacial Securit	y Number
NANNI	E VIRGINIA MYERS		None	
4. Sex 5. Color or race	6.(a)Single, married, widowed, or divorces	MEDICAL CI	ERTIFICATION	
F W	M	20. DATE DF DEATH	ber 14, 19 4'	7 at 3:30A
6.(b) Name of husband or wife Alvi	e E. Myers	21. I CERTIFY that death occurred on the date abo	The state of the s	
		Sept: 6 195	47 10 200	14 19.4.7
		and that I last saw h. allve on		
deceased (mo., day, yr.) Februa:	ry 23, 1897	Immedia: cause of death		
8. AGE: Years Months	Days If less than one day	Commande		
50 8	11 hrs. min.	1		
Charlestown-	Jefferson-West Virg	inia		
(Iown, co	duty, and state)	Cumaniha	me lene in	3 mante
10. Usual occupation At Hom	е			
		Due to		*****
11. industry or business 12. Name John W. Wyne	dham			
12. Name Tofferson	County West Virgin	Other conditions		****
Z 13. Birthplace JOIL CT SOII	County West Virgin	(Include pregnancy within 8 i	months of death)	
至 14. Maiden name Annie Wh	ittington	Major findings of operations		
Jefferson	County West Virgini	Major findings of operations		
A 3 === 0 ID No.	County West Virgini Wers	EL		
16. Informant	W	Autopsy results	high death should be chare	ad statistically
Address 311 W. 7th S	t., Frederick, Md.			ou seems and
Burial	Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external cau		
(Barriel and American	(month) (day) (year)	Accident, suicide, or homicide	Date of	***************************************
Cemetery or cremetery Edge H	ill Cemetery	Whers did injury occur?(City or town)	(County)	(State)
	wn, West Virginia	injured at home, farm, industry, public place (w		
F065110H "	······································	Means of injury	Injured at work?	ξ.
18. Funeral director	tchison and Son	means of injury	injures at Work!	
Address Frederi	ck, Maryland	18000	2	M. D.
1	11 1 1 1 1 1 1	23. SIGNATURE	M. I	D, or other
19. [Date rec'd by registrar]	Elizabeth y tech	Address Frederick, Mar	vland nata size	11-15-47
(Date rec d by registrar)	registrar	Addiess	. W Date Signe	M - 4 - 17 (22 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

10056

CERTIFICATE OF DEATH

1. PLACE OF DEATH:.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)
County. Thederick	State Maryland County Montgomery
(If outside city or town limits, write RURAL and give nearest town)	CHI OF TOWN Dawsonville
How long In above place of dealh?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: Trederick Memorial North	Street No
How long In hospital or institulians / week	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
N. S. Uston D.	sure none
4. Sex 5. Color race 6.(9) Shele, married, widowed, or divorces	MEDICAL CERTIFICATION
m w married	20. DATE DF DEATH 1000 14 19 47 21 8 1
6.(b) Name of husband or wife alice w. Mourse	21. I CERTIEN that death accurred on the date above slated; that datended deceased from
	(Jeho 2 1947, 10 1947)
7. Birth dale of deceased (mo., day, yr.) June 8 - 1886	and that t last saw became, alive on
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
6.1 5 6hrsmin.	(Newly Comer Vhrontone, Very
9. Birthplace Washington, D.C.	Buen
(To, n, county, and state)	
1D. Usual occupation	Due to Contening cluster blesst
11. industry or business	Deless.
12. Name Larles Stoward Jourse 13. Birthplace Virginia	Other conditions Tolland Charles Charl
	(Include pregnancy within 3 months of death)
14. Maiden name alice Darly 15. 8 irthplace Pennsylvania	Major findings of operations
\$ 15. 8irthplace Pennsylvania	Dale of op.
16. Informant Mrs. U. D. Mauree	Aotopsy results Made
Address Dawsonville. Md.	PHYSICIAN: Please underlice the cause to which death should be charged statistically.
Buriel Buriel Bale thereol (mogth) (ddy) (year)	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
//	Accident, suicide, or homicide
Cemetery or crometory Darnestown treatylerias	Where did Injury occur?
Location Darnestown Mid.	Injured at home, farm, industry, public place (where?)
18. Funeral director Two. 13. Helton	Means of Injury Injured at work?
Address Barnesville, Md.	23. SIGNATURE A. Chut Tesse, M. D
19. 15 Nov. 19 47 Elizabeth 9. Hecks	Address Julewin Ad Date signed // 4/4



VS A15 9-45-15M

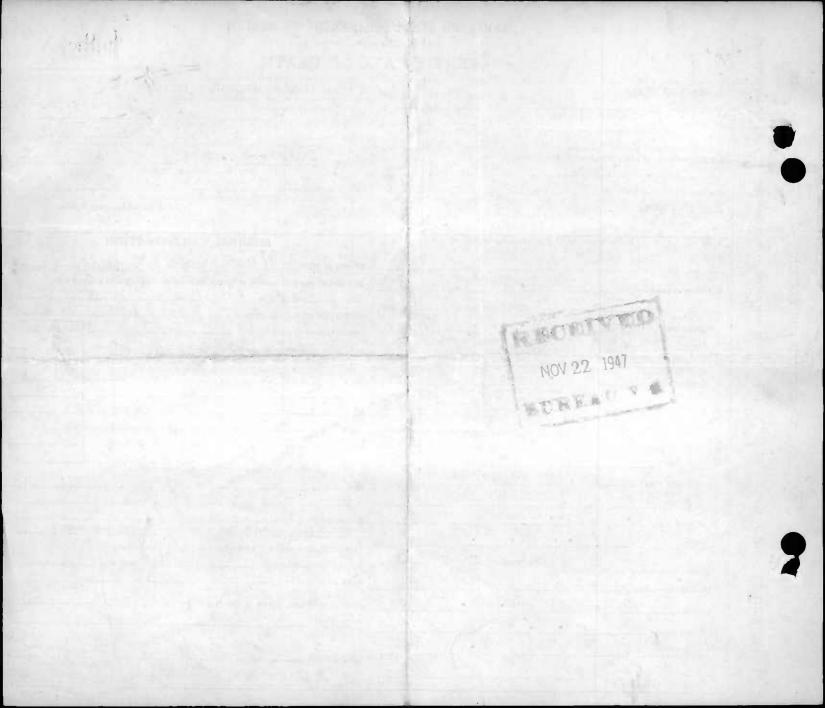
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

How long in above place Hospital, Institution, or	H' RIDGEVII utside city or town i of death?street address where	imits, write Ri 7 ye death occurred:	URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate Maryland County Frederick Ridgeville (If outside city or town limits, write RURAL and give nearest town) Rural Mt. Airy (If rnral, give LOCATION) 2.(a) If veteran, name war.	
3. (a) FULL NAME				3. (b) Social Security Number	
J. (6) 2 OLL 111111		WILI	JIAM C. PHEBU		
4. Ser	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White		ried	2D. DATE OF DEATH Movember 18 19 47 at 1.15	5 P.M
B.(b) Name of husband	er wife. Lu	cy V.	Phebus	21. I CERTIFY that death occurred on the date above stated; that attended deceased from	47
7. Birth date of		Nov.) tf alive, give age <u>5.7</u>	and that I last saw h. 1xh. alive on new 17 # 11	J.Y.
8. AGE: Years	Months		If tess than one day		TION Yrs.
9. Birthplace Free	derick C	o. Mar county, and s borer		Due to.	
13. Usual occupation		001.01		Due to	000000000000000000000000000000000000000
041	C	harles Maryla	Phebus and	Other conditions arteria Aclesses 5	yre.
	M	ary Cr	ummitt	(Include pregnancy within 3 months of death)	3.91
E 15 Richnlace		Maryla		Major findings of operations	
16. Informant	s. Lucy	V. Phe	ebus	Autopsy results	······································
Address	Mt.	Alry,	, Ma.	22. VIOLENCE: tf death was due to external causes, fill in the following:	
Address Buri (Burial, gremation Cemetery or events	al Jen	Date there	(month) (day) (year) Chapel	Accident, suicide, or homicide	
Flor	ence, How	ard Co	o. Md.	[njured at home, farm, Industry, public place (where?)	
18. Funeral director	C	. M. V	Valtz	Means of Injury Injured at work?	
18. Funeral director Address	Win	field,	Md.	Enget P. Rauf	me
19. // - 2 / (Date rec'd by re	19.47		a. Runkles	23. SIDMATURE M. B. or other	0-47



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10058 No. 139

CERTIFICATE OF DEATH

2 USUAL RESIDENCE (HOME) OF DECEASED.

County Frederick City or town State Sana torium, Maryland City or town (If outside eity or town limits, write RURAL and give nearest town) How long in above place of death? Since 7/24/47 Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sana torium How long in hospital or institution? Since 7/24/47	(For newborn infants give realisence of mother) State Maryland County County City or town Bal timore (If outside city or town limits, write RURAL and give nearest town) Street No. 1317 Bethlehem Ave. (If rural, give LOCATION) 2.(a) tf veteran, name war.
3.(a) FULL NAME Demetre Pogash	3. (b) Social Security Number 215-03-8739
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE DF DEATH NOVEMBER 6 19 47 318:45P
6.(b) Name of the Karwife Anna Pogash 6.(c) If allive, give age 46 years 7. Birth date of deceased (mo., day, yr.) November 25, 1947 1897	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 24. 18.47, to Nov. 6. 18.47 and that I last saw h. im. alive on November 6. 18.47. Immediate cause of death.
8. AGE: Years Months Days If less than one day 49 11 12 hrsmin.	Immediate cause of death OURATION Pulmonary Tuberculosis 11 Mos
9. Birthplace	Due to
12. Name Russia 13. Birthplace Russia 14. Malden name Anna ? 9. 15. Birthplace Russia	Other conditions
16. Informant Deceased Address	Antopsy results
17. Burial (Burial, cremation, or removal. Which?) Cemeter XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, sutcide, or homicide
18. Funeral director	23. SIGNATURE R. G. Balleria M. D. or other M. D. or other M. D. or other M. D. or other

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WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

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correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

10053 Reg. Dist. No. 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospilal, instilution, or street address where death occurred:			
How long in hospital or institution?	2.(a) tt veteran, name war		
3. (a) FULL NAME Leorge Washington, Poole	3. (b) Social Security Number 213-24-8186		
4. Sex 5. Color or race 6.(a) Singles married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE OF DEATH. 4.5/30 P. N		
6.(b) Name of husband or wite Hallie 5. Flagar 6.(c) If alive, give age 6.8 years	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from		
7. Birth date of deceased (mo., day, yr.) Sept 17. 1877	and that I last saw h/.kmafrig on		
8. AGE: Years Months Days If less than one day	Immediate cause of death		
70 1 22nrsmin.	4		
9. Birthplace <u>Frederick</u> lo (Town, county, and state)	Oue to		
10. Usual occupation	Oue to		
12. Name Leorge W. Poole 13. Birthplace Frederick lo	Other conditions		
14. Maiden name Margaret Unglebourer 15. Birthplace Frederick Co.	(Include pregnancy within 3 months of death) Major findings of operations		
16. Interment Dara Roger Zinnerman			
17. Burial Bate thereot. Man. 11, 1947. (Burial, cremation, or removal, Wilch?) (month) (ddy) (year)	22. VIOLENCE: tt death was due to external causes, fill in the tollowing; Accident, suicide, or homicide		
Cemetery or crematory	Where did Injury occur?		
Location Such Lick	Injured at nome, 12rm, moustry, public place (wherer) Means of Injury Injured at work?		
18. Funeral director	Denuty lind &.		
Address Walkersville md.	23 SIGNATURE P.W. Bou		
19. LO MATY 19. 44 Elizabeth & Hech Registrar	Address Fudures Jud Date signed 1.9.4		

13 ...

NOV 11 1947

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

980

10560

CERTIFICATE OF DEATH

1. PLACE OF DEATH: #	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County	(For newborn infants elve residence of mother)		
City or lown			
How long in above place of death?	City or town (If outside city or town Dhite, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Street No.		
	(If ural, give LOCATION)		
How long in hospitat or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Ousan atherine Ja	ylor.		
4. Sex 5. Color or raco 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION		
Temple It Mydowed	20. DATE OF DEATH NOV & 4 1947 at 3A M		
6.(b) Name of husband or wife S. albert Saylor	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
0	1947, 10 MAY 24 1947		
7. Sirib date of Second (mo. day vr.) 1960 - 12-6	and that I last saw h		
accessed (mod gas) in	Immediate cause of death		
C. Ada.	Chronica Maggianally		
86	-		
9. Birthplace (Town, county, and geate)	Buo to		
10. 05321 0000	Due to Survey Scales		
11. Industry or business Holbridge Holbridge	- /		
4 6 010	Bither conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden name — Survell &	Major findings of operations.		
2 15. Birthplace Carroll Co	Date of op.		
16 Informant Mrs Rester Muser	Autopoy results		
Address New W. andrew Fred	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
1	22. VIOLENCE: If death was due to external causes, till in the tellowing:		
(Burlal, cremation, or removal. Which?) (Burlal, cremation, or removal. Which?) (Burlal, cremation, or removal. Which?)	Accident, suicide, or homicide		
Cemetery, or crematory 12 garage Land	Where did injury occur?		
Location Jam Johnevelle md	Injured at homo, farm, Industry, public place (where?)		
RA IT III	Means of Injury Injured at work?		
18. Funeral director.	2110		
Address Mion Dulge all of	23. SIGNATURE ALLEGG		
19 nov: 26 19 47 ora W. Curpman	M, D, or other		
(Date ree'd hy registrar) Registrar	Address Address Address Address Bate signed 1-75-4		

Nov 29 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

10061

CERTIFICATE OF DEATH

1. PLACE OF DEATH: . County Rederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (Epr newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Frederick
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death of curred:	Street No.
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME I Varlan abraham Sc	hildknecht 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white widowed	20. DATE OF DEATH Brov. 28 19 47, 21 8 P. M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18.47 to 12.8 14.7
7. Birth date of P A T T T Silve, give age years	and that I last saw h. han alive on Nov 28 1947
deceased (mo., day, yr.) Feb. 12, 1869	Immediate cause of death
8. AGE: Years Months Days If less than one day	· · ·
78 9 16nrsmin.	Coronary Occlesion 1. his
9. Birthplace Middletown, Intermit Co., Myll., (Town, county, and state)	Due to.
1D. Usual occupation farmer	Due 10
11. Industry or business	
12. name	Other conditions
	(Include pregnancy within 3 months of death)
E 14. Maiden name Exter Floor	Major findings of operations.
15. Birthplace middletown	Date of op.
16. Informant Dorothy Schildenecht	Autopsy results.
Address Middletown	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Surial Date thereof Dac. 2, 1947	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homierde
Cemetery or crematory Lutheran Cemetery	Where did injury octur?
location meddletown	Injured at barne, farm, Industry, public place (where?)
LOCATION LA CA	Means of Injury Injured at work?
18. Funeral director	N = 7/ ,
Address Middletown, Md	as SIGNATURE & Z Harb Mil
D. Conto de la contra dela contra de la contra dela contra de la contra dela contra de la contra del la contra	23. SIGNATURE M. D. or other
19	Address Middle town Date signed 11-29-47



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MARYI	AND	STATE	DEPARTMENT	OF	HEALT
MARIL	AIU	SIAIR	DEFARIMENT	UC	DEAL

2411 N. Charles St., Baltimore

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	11	10	LA	
	7	1		

10062

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Frederick City or the Frederick (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 Months Hospital, institution, or street address where death occurred: 11 N. Jefferson Street How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Frederick City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 11 N.Jefferson Street (If rural, give LOCATION) None
3. (a) FULL NAME	3. (b) Social Security Number
MRS. SARA CAROLINE. PROPES SHAVER 4 Sex 5. Color or race ((a) Single, married, widowed, or diverged.	None
4, 404	MEDICAL CERTIFICATION
Female White Widowed	20. DATE OF DEATH November 19th 19 47 21 8:05 P
5.(b) Name of husband or Samuel A. Shaver 5.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) April 18, 1871	21. I CERTISE that death occurred on the date above stated; that I attended deceased from 19.47. 10. November 9.19.47. and that I last saw home alive on 18.19.47. Immediate Jause of death 000RATION
8. AGE: Years Months Days I fiess than one day	Caccinoma Degmord 7
76 7 1hrsmin.	
9. Birthplace	Due to Due to Due to Diher conditions (Include pregnancy within 3 months of death) Major findings of operations Date of op.
16. Informant Mr. Jesse C. Shaver Address Frederick, Md.	Antopsy results
17. Burial Oate thereof November 22, 1917 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or corematory Blue Ridge Cemetery	Where did Injury occur?
Location Thurmont, Maryland	Injured at home, tarm, Industry, public place (where?)
18. Funeral director. C. E. Cline & Son	Means of Injury Injured at work?
Address Frederick, Maryland	23 SIGNATURE Arward W. ask m &
19. 22-100- 19 4) Elizabette J. Hech	23. SIGNATURE M. D. or other Address Freslerick Date Stened 70 - 4



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10063 Reg. Dist. No. 154

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	lifetime	RURAL and give nearest town	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
3. (a) FULL NAME				3.(b) Social Security Number
Mrs.Hele	n S.Smith			none
4. Sex 5. Color o	race 6.(a)Sing	le, married, widowed, or divorced married		MEDICAL CERTIFICATION 380
6.(b) Name of husband or wife	6.(ith (c) It alive, give age	years	21. I CERTIFY that death occurred on the date above stated; that I also ded deceased from 18
8. AGE: Years Mon	The same of the sa	if less than one day	min.	Coronary O caleston / how
9. Birthplace	sewife s Shriner	state)		Due to Caracia Tras. Tursance Years Due to Dither conditions
14. Maiden name Column	ibia Clark	Pa.		(Include pregnancy within 3 months of death) Major findings of operations
Puwiol	eytown,Md.	R#3		Autopsy results
(Burial, cremation, or remov. Cemetery or crematory Tai		reof Nov.18,194' (month) (day) (yea heren	ar)	Accident, suicide, or homicide
1B. Funeral director. C.O.F.	neytown,Md.	M. R. Shu	A rar	Means of Injury Injured at work? 23. SIGNATURE M. D. or other Address Address Address



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County				State Maryland County Frederick		
Frederick-Rural (If outside city or town limits, write RURAL and give nearest town)				State Man Vianta County County Days of D. D. H.A.		
,				Mount Airy-Rural R. F. D. #4		
	e of death? r street address where				wiii)	
Emerge	ncy Hosp	ital	•	Street No. Near Mount Airy		
			***************************************	(If rural, give LOCATION) None		
	or Institution?		***************************************	2.(a) If veteran, name war		
3. (a) FULL NAM	IE			3. (b) Social Security Numb	er	
	KATHLE	EN REF	BECCA SMITH	None		
4. Sex	5. Color or race	6.(a)Sing	de, married, widewed, or divorced	MEDICAL CERTIFICATION		
F	W		M	20 DATE OF DEATH November 8, 18 47	6 P	
	-		~	an and of action		
6.(b) Name of husband	or Jam	es H.	Smith	21. I CERTIFY that death occurred on the date above stated; that I attended deceased tro		
			(c) If alive, give age 42 years	200. 1 1947 to 200. 8	19	
7. Birth date of	To 7 ve	12,	1005	and that I last saw h.C. / alive on 2000. 8	194	
deceased (mo., day,	yr.) oury	169 -		Immediais cause of death	DURATION	
8. AGE: Yea		Days	If lese than one day	Hypertensine Carolis Vascular 2	years	
4	2 3	26	hrsmin.	1 disease	1	
Wa	lkergvil	le-Fre	ederick-Marylan		***************	
9. Birthplace		, eounty, and		Due to		
	At Hom	9				
1D. Usual occupation	***************************************	•••••		Due to		
11. Industry or busine						
当 12. Name	illiam D	. Bar	rick	Diher conditions		
	Frederic	k Cour	nty Maryland			
e S. Britished	Monda	A HOI	70	(Include pregnancy within 3 months of death)		
王 14. Maiden name	mainte.	A . 11U1	20	Major findings of operations		
15. Birthplace	Frederic	k Cour	nty Maryland	Date of op.		
	James H.	Smit	ke nty Maryland n	Antopsy results.		
16. Interment	TR D #4	7.54	by we to	PHYSICIAN: Please underline the eanse to which death should be charged statisti	cally.	
Address 12 •	F. D. #4		Airy, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:		
"Burial	n, or removal. Which	Date the	reof 11/11/47 (month) (day) (year)			
(Burial, erematic				Accident, suicide, or homicide		
Cemetery or orema	Glade			Where did Injury occur?	te)	
	Walke	rawil	le, Maryland	Injured at home, farm, Industry, public place (where?)		
Location						
18. Funeral director.	M. R.	Etch:	ison and Son	Means of injury Injured 2t work?		
111111111111111111111111111111111111111		ri ck	Maryland	O. M. and	BE TO	
Address		01) . A O \	23. SIGNATURE Bernard Hermas .	W. D.	
10 lo Mrs	- 1047	13	aschelle y. Hech	M. D. or other		
(Date rec'd by r	egistrar)		Registrar	Address Frederick, Maryland Date signed 11-	TO-4.	



ADING INK. Supply every item of information carefully. The or Physicians: please write the causes of death clearly and legibly

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WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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10065

CERTIFICATE OF DEATH

							1
1. PLACE OF DEATH: Frederick				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
COUNTY					State Maryland County Frederick		
City or the Frederick (If outside city or town limits, write RURAL and give nearest town)			IIRAL and give nearest town)	State Adamstown	uoty I I OCCI LOA	***************************************	
thousand to also				otens and give hearest town,	Of outside city or town limit	ts, write RURAL and give near	rest town)
How long in ab	ution, or st	death? reet address where	death occurred	•		of Wille Mozella and Break	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		reet address where K Memor			Street No. (If rural, giv	e LOCATION)	
How long in hi	ospital or in	stitution Sinc	e Nove	mber 16, 1947	2.(a) If veteran, name war. None		
3. (a) FULI						3. (b) Social Security 1	Number
		WILLIA	M CALV	IN SMITH		None	
4. Sex		. Color or race	6.(a)Single	married, widowed, oz .diverced	MEDICAL C	ERTIFICATION	
M		M		W	20. DATE OF DEATH. Novemb	per 23, 1947	1:22P
S (b) Name of	hughalib or	wife Sar	ah Bus	sard	21. I CERTIFY that death occurred on the date at	ove stated; that I attended decea	ised from
o.(o) Name of					lero, 16 19	47 10 hov 2	3 1947
7. Birth date o) If alive, give ageyears	and that I last saw h	un. 2 3	19.447
deceased (m					Immediate gause of death	фт.к	DURATION
8. AGE:	Years	Months	Days	If less than one day	hyorarhol 72	clure	Z days
	82	8	7	hrsmin.	(Port - operatur	i	
a giathalasa	9. Birtholace Frederick County Maryland				Que to Intestinal Obstr	setrou and	2 week
s. biringiace.	***************	(Town,	county, and a	tate)	Operation - ?	gentis - entrerelien	7. days
1D. Usual occ	upation	Retire	d		Due to Celochamial, Fre	mon - want	
11. Industry o	r hueleeen				Due to	riaha	1
	Hen	ry E. Si	nith		Other conditions Carteries	Lindus	
12. Name	H-	o irrahar	z Coun	ty Maryland	Diher conditions		
13. Birthp	lace - 7	We mee II -	17	loy mary rand	(Include pregnancy within 3	months of death)	
置 14. Maide	en name	mary na.	TTGL		Major findings of operations.	re in Harmaton	was
E 15. Births	lace F:	rederic	k Coun	ity Maryland	of trusting devodersen -	braty source	1-196
	Mrs	g. Lee 1	Dutrow	ity Maryland	Antopoy results Zuowu	The state of the s	0
16. Informant.	۸۵۰	amstown	Mana	7.000	PHYSICIAN: Please underline the cause to	which death should be charged	statistically.
Address		AMSCOWII			22. VIOLENCE: If death was due to external ca		
, Bur	ial		Date there	(month) (day) (yesr)			
		-removal, Which?			Accident, suicide, or homicide		
Cemetery or	o rematory .	Mount	OTIVE	t Cemetery	Where did injury occur?(City or town)	(County)	(State)
Location		Frede	rick,	Maryland	Injured at home, farm, Industry, public place (where?)	*******************
1B. Funeral d	irector	M. R. I	Etchis	on and Son	Means of Injury	Injured at work?	
Address			ick, M	aryland	Truck N	Ulanthin du	M D
0,1	N.,		co.	of the man.	23. SIGNATURE	UM. D. o	or other
19	'd by regis	trar)		Registrar	Address Frederick, Mar	'yland Date signed.	11-24-47
(Date let	a na rekts	/			THE PROPERTY OF THE PROPERTY O	manufacture and albundary	





WRITE

PLEASE

VS A15

RESERVED FOR BINDING

MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

930

10066

CERTIFICATE OF DEATH

How long in above plan Hospital, Institution, Frederi	erick ederick outside city or town li se of death? or street address where LCK Memori	death occurred	URAL and give nearest town) spital mber 8, 1947	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland Couoty. Frederick City or town Frederick—Rural R. F. D. #5 (If outside city or town limits, write RURAL and give nesrest town) Street No. Braddock Springs (If rural, give LOCATION) 2.(a) It veteran, name war. None		
3. (a) FULL NAM		TAR DAR			3. (b) Social Security	Number
	ANNIE S		married, widowed, or diversed-		None	
4. Sex	W W	6.(a)anga	M	MEDICAL CI	r 23rd 47	3:30A
7. Birth date of deceased (mo., day	.yr.) July 2	6.(c	A • Strobel Olt alive, give age 69 years Sl	21. I CERTIFY that death occurred on the date about 19	47, 10 nev 23	-3 1947
	66 3	28	hrs,min.	Os Myou		* gun
t0. Usual occupation t1. Industry or busin 12. Name	ard Schle	enker V	name unknown)	Due to	months of death)	2
£ t5. Birthplace	Germany					
t6. Informant	lward J. A	*******************	erick, Md.	Autopsy results		statistically.
17. Burial (Burial, exemption) Cemetery or exemption	Baltin	nore C	11/26/47 (month) (day) (year) emetery	22. VIOLENCE: If death was due to external cat Accident, suicide, or homicide Whera did injury occur?(City or town)	(County)	(State)
Location			Maryland	Injured at home, farm, Industry, public place (w Means of Injury	here?)	
18. Funeral director	Freder	cick,	son and Son Maryland	23, SIGNATURE 74, Lan	una Fahing	or other
t9. 2 4 M	registrar)	ع .	Usabelle J. Teck	Address Frederick, Mar	yland Date signed	11-24-47





PLEASE

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

City or town (if How long in above plac Hospital, Institution, o Frede	rederick Frederic outside city or town lite of death?	death occurred: orial Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State County Thurmont - rural (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) NO 2.(a) It veteran, name war.		
3. (a) FULL NAM		Rodger Eli Stull		3. (b) Social Section Non	
4. Sex Male	5. Color or race White	6.(a)Single, married, widowed, or divorced Married		CAL CERTIFICATION	
	O o t	live Black 44 6.(c) If allve, give age	21. I CERTIFY that death occurred on I.P.M. 24/Vo.V. and that I last saw h I.Malive or	the date above stated; that I attended 19. 4.7. 104:3044	d deceased from 2 4 No. 19. 47.
8. AGE: Year 44	rs Months	Days It less than one day 6hrs.	Dishetie C		12 hours
1B. Usual occupation.	Farme	Frederick Co., Md county, und state) er S. Stull	Due to Due to	mella,	2
12. Name		cown, Md.	Dther conditions		
14. Maiden name 15. Birthplace		e E. Freshour		y within 8 months of death)	
16. Informant	Lewist	linnie E. Freshour Lown, Md.	PHYSICIAN: Please underline the		arged atatistically.
17. Bur (Burial, comments) Cemetery or cerement	Lewista	Date thereot Nov. 27, IS (month) (day) (year) Prospect Dwn, Md.	Where did Injury occur?(Cits	nate of	(State)
1B. Funeral director		Creager & Son	Means of injury	Injured at work	J. M. 12
19. Nov. 5	17 ,47	Elizabeth & Hea	la Frederi	ed hed	25 Nov. 47

DEC I 1947

Hatt Marchine THE VI YEAR

9-45-15M

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10069 Reg. Dist. No. 134

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	State Maryland county Frederick		
City or town. Emmits burg. (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death?	City or town		
Hospital, Instilution, or streef address where death occurred:	Street No		
	(lf rural, give LOCATION)		
How long In hospital or Institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Devid Emory Stultz	None		
4. Sex 5. Color or race 5. (3) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Widowed	20. DATE OF DEATH / LOVA 7 19.47 at 10 P		
	21. I CEBURY that death occurred on the date above stated; that I wended deceased from		
6.(b) Name of husband or wife. Ida Hankey Stultz	OCT (1847, 10 NOV) 184/		
S.(c) If alive, give ageyears	and that I last saw blue. alive on 1000 7 19 47		
7. Birth dats of deceased (mo., day, yr.) November 28, 1876	Immediato cause of death DURATION		
8. AGE: Years Months Days If less than one day	Par Dia Do a Druhouse Live 2 weeks		
70 11 9hrsmin.			
9. Birthplace Adams County, Pennsylvania (Town, county, and state)	Bue to Caronery Section 5 mo		
10. Usual occupation Farmer	Due to autonosalerate Carles A		
11. Industry or business	· va. devery - awadyas		
E 12 Name Thaddeus T.S. Stultz	Other conditions		
13. Birthplace Adams County, Pennsylvania	(Include pregnancy within 3 months of death)		
14. Maiden name Martha E. Lightner 15. Birthplace Adams County, Pennsylvania 18. Informant Pobert & Study	Major fiadings of operations.		
2 15. Birthplace Adams County, Pennsylvania	Date of op.		
18. Informant Robert H (Stuly	Autopsy results		
Address Fairfield. Pennsylvania. R.D.2	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17. Burial Date thereof No.V. 10. 1947 (Burial, cremation, or removal, Which?)	22. VIOLENCE: If deafh was due fo external causes, fill in the following: Accident, suicide, or homicide		
Cemetery or crematory Fairfield UnionCemetery	Where did injury occur?		
Location Fairfield, Pennsylvania	Injured af home, farm, Industry, public place (where?)		
	Means of Injury / Injured at work?		
18. Funeral director	1 X (1) = 10, 600		
Address Emmitsburg, Maryland	23. SIGNATURE?		
19. Nov 19. 47 Will Bhuffe (Date rcc'd by registrar)	Address Munthry Jul Date signed 11. 8:47		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 131

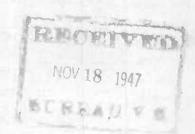
county	ederi	.ck			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County Frederick				
City or term Frederick (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?					Point of Rocks				
					(If outside city or town limit	ts, write RURAL and give ner	arest town)		
					Street No.				
Fred	erick	Memor	Clal Ho	spital	(If rural, giv	e LOCATION)			
How long In he	spital or ins	titution Sinc	e Nove	mber 13, 1947	2.(a) If veteran, name war None				
3. (a) FULI					3. (b) Social Security Number				
		FREDE	RICK JA	MES STUNKLE	None				
4. Sex	5.	Color or race		married, widowed, or divorced	MEDICAL C	ERTIFICATION			
		W		M			FOFT		
M					20, DATE OF DEATH NOVEMBE	14, 1947	,at 3:05P		
R (h) Home of	Kuchander	Pear	el Bell	Fry	21. I CERTIFY that death occurred on the date at	ove stated; that I attended dece	ased from		
O'(A) WHILE OI	ar oomi n VI 1	7**************************************) If alive, give age 70 years	1/20 12 19	47 10 Y/W	14 19 4		
7. Birth date o	f	Octob	oer 8,	7 R79	and that I last saw h. A.M. alive on	10V,14	19.4-7		
deceased (n					Immediate carre of death		DURATION		
8. AGE:	Years	Months	Days	It less than one day	Tulmonum	Chema	2 Jus		
	75	1	6	hrs,min.					
a. Birtheless	Fred	derick	County	Maryland	Due to Meymonia	broncho	2 Due		
9. Birthplace.			n, county, and			[1/6/47 als]			
10. Usual occ	upation	Retired	d Farme	er	Bushe				
11. Industry o	r husiness				bue tu				
es I	Char	cles H.	Stunl	rle	Senilito	and	140		
出 12. Name	T.			nty Maryland	Dither conditions	144.5			
13. Birthp	1800		e Burch		(Ihclude pregnancy within 8	months of death)			
물 14. Malde	n name			***************************************	Major findings of operations				
14. Maide 15. Birthp	lace Fi	rederi	ck Cour	nty Maryland	Date of on				
	Mna	Frede	erick a	J. Stunkle					
16. Intermant					Autopsy results				
Address				Maryland	22. VIOLENCE: If death was due to external ca				
17 Bur	ial	removel Whiel	Date there	(month) (day) (year)	Accident, suicide, or homicide				
(Burial, co	emation, or	removal Which	H)	(month) (day) (year)					
Cemetery or	eremetory	DU. Pa	auls C	emetery	Where did injury occur?(City or town)	(County)	(State)		
Location		Point	of Ro	cks, Maryland	Injured at home, farm, Industry, public place (where?)			
		M. R.	Etchi	son and Son	Means of Injury	Injured at work?			
18. Funeral d	irector				() 4	10/ .			
Address		r. r.ede.	LTCK , I	Maryland	23. SIGNATURE	/ mel	M. D.		
11-	n		Gh	nabette J. Heck			or other		
19	'd by regist	19		Registrar	Address Jefferson, Maryland Date signed 11-15-4				

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cise especially important. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE

MARGIN RESERVED FOR BINDING





2411 N. Charles St., Baltimore

USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

10070

Reg. Dist. No. 131

Street

.Dafe signed 11-7-47

Frederick

(If outside city or town limits, write RURAL and give nearest town)

OF DEATH

			CERTIFICA	IL OF	DEATH	
1. PLACE OF DEA County Freder City or town Fred (If ou	TH: Pick lerick tside city or town lin		ryland Frederi	HOME) OF DECI ve residence of mother) CouetyF		
How long in above place o Hospital, Institution, or s Frederick How long in hospital or i	treet address where to Memoria	7	City or town (If outside city or town limits, write R Street No. 1194-A North Market (If rural, give LOCATION NONE NONE			
3. (a) FULL NAME	DAVID C	LAYTO	N SULCER			3. (
4. Sex	5. Color or race	6.(a)Singl	, married, widowed, or divorced	11	ME	DICAL CERTII
M	W		W	20. DATE DE	DEATH	lovember 6
6.(b) Name of husband of	Gerti	rude !	Pritapoe			d on the date above stated
7. Birth date of deceased (mo., day, yr.	0 - 1 - 1-	6.(0	e) If alive, give ageyes	ars and that I la	est saw h	
8. AGE: Years	Months	Days	If less than one day	Immediai	orman	y Them
77	1	1	hrsm	in.		9
fD. Usual occupation ff. Industry or business 12. Name Her	Retired	d 3		Due fo	tions	
≦ 13. Birthplace I			nty Maryland		(Include pregr	nancy within 3 months
14. Maiden name	Mary Cat	theri	ne Hale nty Maryland		ngs of operations	
ts Informant Alv	rey N. St	ılcer		Autopsy re	sults.	
1194-	A N. Mai	cket	St., Frederick	WATER CALLS	N: Please underline	the cause to which dea
17 Burial (Burial, cremeter,	or removal. Which?)	Dafe ther	eof	22. VIOLE	ulcide, or homicide,	e to external causes, fill (City or town)
Location	Jeffer	son,	Maryland			public place (where?)
f8. Funeral director	M. R. 1	Etchi	son and Son	Means of In	1/2	. 7.
Address		0.1	Maryland	23. SIGNAT	TURE HTT	vaid /
19. 7- VVV	19.14.7	3	in abuth J. Hed	Address F	rederick	, Marylan

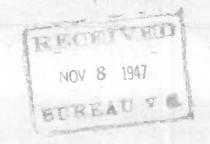
l.(a) If veteran, name warNO	ne		
	3. (b) Social Secur	ity Number
MED	ICAL CERTI	FICATION	
O. DATE OF DEATH	vember 6	th 1947	7 , 10:3
1. I CERTIFY that death occurred o	n fhe date above state	10 10V	deceased from 4
nd that I last saw harmalive	on Nov	enou	194
mmediai syuse of death	Wyrana		DURATION / Luca
10 1 pence //	morcara		
e fo		*****************	

her conditions			
(Include pregnar	ncy within 3 months	of death)	
ajor findings of operations			
slat madaga at abetenous			
		batc of op	
utnpsy results	e cause to which des	th should be char	ged statistically.
. VIOLENCE: If death was due i			
coldenf, suicide, or homicide			
here did injury occur?(C			(State)
jured at home, farm, industry, pu	blic place (where?)		
eans of Injury		Injured af werk?	
11-	- 17	11/1/	75 5
3. SIGNATURE ATTU	Tard M	, are	. M. D.

ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legible FOR BINDING MARGIN RESE PLAINLY, V is especially

WRITE

PLEASE





PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore

CERTIFICATE OF DEATH

1()()7,14/ Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County I Splanet	State Marylul county Gudlick
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. Metaritain Road
- Dawinda	(If rural, give LOCATION)
How tong In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME John E. Surks Sw	3. (b) Social Security Number
4. Sex 56.06lor or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH Wouldhale / 7 1947 21 /: 000. N
Gensy A. Hestle	21. I CERTIFY that death occurred on the date above slated; that f altended deceased from
6.(6) Name of husband or wife e	noueully, 4, 1947 10 1005, 17 1947
7. Birth date of War Art Art Art Art Art Art Art Art Art Ar	and that flast saw h MM alive on Novellules 16 1947
deceased (mo., day, yr.)//au//////////////////////////////////	Immediate cause of death
8. AGE: Years Months Days If less than one day	Celebra Hennoshage 13 day
marile	
8. Birthplace	Oue to
1D. Usual occupation BORR Between.	
of 1 /1	Oue to
11. Industry or business Manafurlalifor	
12. Name Ishur Kinny Storfe 1.3. Birtholace Growillo M.	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Muney Hardley 15. Birthplace Maryland	
28 1	Major findings of operations.
≥ 15. Birthplace Mayblud	Oate of op.
16. Informant Thought Fin Sweeks	Autopsy results
Address Knowille Md.	PHYSfCIAN: Please underline the cause to which death should be charged statistically.
11 10 1/2	22. VIOLENCE: If death was due to external causes, fill in the following:
17	Accident, suicide, or homicide
	Where did injury occur?
Cemetery or crematory.	
Location Mulling Mills Mills	tnjured al home, farm, Industry, public place (where?)
18. Funeral director 6. N. Feile 1 1300	Means of Injury Injured at work?
h I ms	1 20 41 7
Address / MINIMUSE / Mg.	23. SIGNATURE JUTIS Cerplulu M.D. or other
1. Nov. 18 1947 Talleyn N. Brow	M. D. or other
(Date rec'd by registrar) Registra	Address Coullille Co Date signed





VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

10072 Reg. Dist. No./37

City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Free County (If outside city or toget limits, write RURAL and give nearest town) Street No (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Joseph Glarence Thor	3. (b) Social Security Number
4. Set 5. Color or race 6.(a) Slogle, married, widowed, or dirorced Solored Suggle	MEDICAL CERTIFICATION 20. DATE DE DEATH MOV - 2.4 1947 at 10.30 N
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1940 to 100. 24 1947. and that I last saw h
8. AGE: Years Months Days If less than one day 18	Due to Clorice Valvular lesion about 2 yrs
10. Usual occupation. (Town, county, and state) 11. Industry or business 12. Industry or business	Due to Cardiae Intorgement 1/2 yrs
12. Name Many Land 13. Birthplace Mary Land 15. Birthplace Mary Land	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Harry Paymond Thomas Address Stritetown, 14d.	Autopsy results
17. (Burial, cremation, or removal Which?) Cemetery or crematory Alessee (Manual Control of Contro	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Localion Lebert town 24d. 16. Funeral director Parallel Hartiler	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Address Wordsboro Typl.	23. SIGNATURE Ofis B, Stone M. D. or other
(Date ree'd by registrar)	Address Date signed

NOV 29 1947

BUREAUVE

1. PLACE OF DEATH:

Frederick Frederick

Hospital, Institution, or street address where death occurred: Frederick Memorial Hospital

How long in above place of death?.....

How long in hospital or institution?..

3. (a) FULL NAME

important.

SE A15 SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10073

5:45A

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME	C) OF DECEASED:
state Maryland	County Frederick
	Rural R. F. D. #2 limits, write RURAL and give nearest tow
	give LOCATION) Э
	3. (b) Social Security Number

	SI	ELLA	SNOUF	FER	TROUP	E
4. Sex	5.1	color or race	6.(a)Sin	gle, marr	ied, widewed, or	divorced
F		W		1	M	
6 (b) Name of 1	nuchand or wi	Mer	chl Tr	oup	e, Jr.	
7. Birth date of	•••••		6	(e) it ail	ve, give age	37 year
deceased (m 8. AGE:	Years	Months	Days		iess than one da	
	45	1	7		hrs.	mln
9. Birthplace		ederi At Ho	n, county, and	eder	rick-M	arylar
11. Industry or	business					
12. Name.			Geis			
13. Birthpl	ace F're	deric	ck Cou	nty	Maryl	and

city or town limits, write RURAL and give nearest town)

STELLA SNOUFFER TR	ROUPE	None
Sex 5. Color of race 6.(α). Single, married, with Ε Ψ Μ		MEDICAL CERTIFICATION November 3, 19 47 at 5:45
(b) Name of husband or wife Merhl Troupe, Sirih date of September 26, 1	ve age 37 years	th occurred on the date above stated; that I attended deceased from 1947, to 2003 194 Lative on 2001 1944
AGE: Years Months Days It less the	han one day Immediai. cange of d	cent of Euge (man
Nr. Frederick-Frederic (Town, county, and state) At Home	ck-Maryland Due to Due	ay, Oht Tilia 2 yun
1. Industry or business 12. Name Charles G. Geisbert 13. Birthplace Frederick County Ma	arvland	Cyslanton. 10 day
14. Maiden name. Sarah E. Snouffer 15. Birthplace Frederick County Ma	(Incl.	ude pregnancy within 3 months of death) rations
Charles G. Geisbert Address R. F. D. #2, Frederick	Autopsy results Autopsy results PHYSICIAN: Please	naderline the cause to which death should he charged statistically.
Cemetery or crematory Mount Olivet Cen	onth) (day) (year) Metery Accident, suicide, or h Where did Injury occur	ath was due to external causes, till in the tollowing; omicide
Frederick, Maryl M. R. Etchison a Address Frederick, Maryl	and Son Means of Injury	Industry, public place (where?) Injured at work? H. Lannence Jahney M. D.
9. 4 Www. (Date rec'd by registrar) (Date rec'd by registrar)	TITI CO TT . C.	erick, Maryland Date signed 11-3-47



PLEASE WRITE

RESERVED FOR BINDING

MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

930

CERTIFICATE OF DEATH

1()()74 131

How long in above place Hospital, institution, of Freder	ederick	death occurred	l:	2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of Maryland Could be state of the state of t	mother) Frederick n, write RURAL and give nesrest town) Cket Street	
3. (a) FULL NAM	1E .			3. (b) Social Security Number		
	BEATRI	CE SY	LVESTER WACHTEF		None	
4. Sex	5. Color or race	8.(a) Singl	e, married, wi dowed, or divorced >	MEDICAL CI	ERTIFICATION	
F	W		M	2D. DATE DF DEATH NOVemb	per 12, 1947 al 8 A	
8.(b) Name of husband 7. Birth date of deceased (mo., day	\~~*1			21. I CERTIFY that death occurred on the date abo	47 10 20 12 19 4	
8. AGE: Yea	rs Months	Days 2	If lese than one dayhrsmin.	Immediais cause of death	Unation Donaton	
10. Usual occupation 11. Industry or busine 12. Name	At Home	urrie k Cou	r nty Maryland	Due to Due to Differ conditione (Include pregnuncy within 3 in the condition of the condition	months of death)	
14. Maiden name	May Mar Frederic	tz k Cou	nty Maryland	Major findings of operations		
14. Maiden name. May Martz 15. Birthplace Frederick County Maryland 18. Informant. Vance A. R. Wachter 1309 N. Market St. Frederick Md				Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Buri. (Burlal, crematic	al Mount Freder	Date ther Olive	11/15/17	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, euicide, or homicide		
	M. R.		son and Son	Means of Injury	Injured at work?	
Address 19. 15 M	Freder	elck,	Maryland wollth y Hech.	23. SIGNATU Address. Amm 9	M. II. or other U. C. Spate signe Dry 19.	

NOV 18 1947

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH 550 +

CERTIFICATE OF DEATH

10075 Reg. Dist. No. / 3 4

1. PLACE OF DEA	TH: rederick			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
County	St. Ant.	hony	g	State Maryland County Frederick				
How long in above place	of death?24	4 Yea	S URAL and give nearest town) PS	St. Anthony's				
Hospital, institution, or	street address where t	death occurred	d:	Street No				
How long In hospital or				2.(a) it veteran, name war				
3. (a) FULL NAME		ANNA	ALICE WEANT		3. (b) Social Security None	umber		
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION			
Female	1		Married	20. DATE OF DEATH November	22, I,947	II A:M		
6.(b) Name of husband	or wife Harr	у Е.	Weant	21. I CERTIFY that death occurred on the date above	ve atated; that I attended deceae	ed from		
		6.(e) If alive, give ageyears	may 18.	1 10 November	4-4-197		
7. Birth date of deceased (mo., day, ye	Febru	arv	12, 1868	and that I last saw h. Soc. alive on				
8. AGE: Yeare		6	If less than one day	Immediate cause of death		DURATION		
79	9	IO	hrs min.	Sarcomatosi	5	1/12 7/13		
9. Birthpiace	Holl	eounty, and	Md. state)	Due to Sarcoma of	right arm	3-715.		
11. Industry or buelness	David B	P. Re	ightler					
12. Name	Baltimo		***************************************	Other conditione		***************************************		
≥ 13. Birthplace	Tabitha			(Include pregnancy within 3 m				
14. Maiden name		***************************************	inty, Md.	Major findiogs of operations. Sarcon	Date of on 19	745		
16. Informant				Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.				
Address	Emmitsbu	irg,	Md.			atisateny.		
	TT	Date the	Nov. 25, 1947 (month) (day) (year) ethern	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	Date of			
Cemetery or cremator	J		***************************************	Where did injury occur?(City or town)				
Location	Thur	iont,	MQ.	Injured at home, farm, Industry, public place (wh				
1B. Funeral director	M. L.	Crea	ger & Son	Means of Injury	Injured at work?	0-		
Address	Thurmo			23. SIGNATURE M. Frz	ple Bos	& Min		
19. Nov.	34 18 47	2	M.F. Shuff	Addres Hurtmont	M. D. or			



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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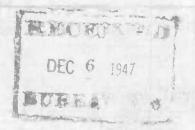
10076

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: Frederick County Frederick City or town Adamstown-Rural (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 25 Years Hospital, institution, or street address where death occurred; Greenfield How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland County Frederick Adamstown-Rural (If outside city or town limits, write RURAL and give nearest town) Greenfield (If rural, give LOCATION) 2.(a) If veteran, name war None				
3. (a) FULL NAME	3. (b) Social Security Number				
CHARLES C. WEEDON	None				
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION				
M C M	20. DAYE OF DEATH. November 29th 19 47 at 9:30P M				
6.(6) Name of Awabent or wite Daisy Irene Russell 5.(c) It alive, give age years 7. Birth date of deceased (mo., day, yr.) February 18, 1884	21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from 500 19 19 19 19 19 19 19 19 19 19 19 19 19				
8. AGE: Years Months Days If less than one day 63 9 11	Immediain cause of death and state a				
9. Birthplace Hope Hill-Frederick-Maryland (Town, county, and state) Farmer 10. Usual occupation. Farmer	Due to Carcinome of Stomachi				
12. Name. Alfred Weedon 13. Birthplace Frederick County Maryland	Other conditions.				
Ann Pricilla Harper 14. Malden name Ann Pricilla Harper 15. Birthplace Frederick County Maryland 16. Intermant Mrs. Daisy Weedon	(Include pregnancy within 3 months of desth) Major findings of operations				
	Autopsy results				
Address Adamstown, Md Rural Burial (Burial, commentor) Cemetery or commentory Location Near Buckeystown, Maryland 18. Funeral director Address Address Address Address Address Address Address Adamstown, Md Rural (month) (day) (year) (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide				
19. HOLE rec'd by registrar 19 H) Evialutta J. Tecla-	Address aclosulle mc Date signed Black 194				





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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

N. D. N. 144

	Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Frederick City or town Rural - Greagerstown (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war None 3. (b) Social Security Number
Mrs.Mary Miller Wenzel	None
4. Sex 5. Color or race S.(a)Single, married, widowed, or divorced Female White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife Charles H. Wenzel 5.(c) If alive, give age 65 year 7. Birth date of deceased (mo., day, yr.) April 26–1880 8. AGE: Years Months Days If less than one day 67 6 29 hrs. min 9. Birthplace Frederick County Maryland 10. Usual occupation Housewife 11. Industry or business 12. Name Joshua Miller 13. Birthplace Frederick County Maryland	Immediate cause of death DURATION Due to Due to Diher conditions
Josephine ? Miller	(Include pregnancy within 3 months of death) Major fiediags of operations.
18. Informant Mr. Charles H. Wenzel- Husband Address Near Creagerstown, Maryland 17. Burial Date thereof Nov. 28-19/7 (Burial, eremation, or removal. Which?) Cemetery or crematory Westminster Cemetery Location Westminster, Maryland 18. Funeral director C.E. Cline and Son Address Frederick, Maryland	Means of Injury Injured at work?
19. 26 November 19 4) Blacelet A Zifle	Address Freduck M Date signed M. D. or other 26th

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MARYLAND STATE DEPARTMENT OF HEALTH

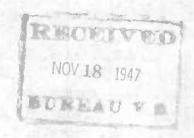
2411 N. Charles St., Baltimore

10078

CERTIFICATE OF DEATH

Dist No. 131

1. PLACE OF DEATH:		(For newborn infants give residence of	mother)		
County Frederick		State Maryland county Frederick			
City or town limits, write RURAL and give nearest town) How long in above place of death?		Street No. Braddock Heights (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death?					
How long in hospital of	or institution?	Meers	2.(a) If veteran, name war	***************************************	
3. (a) FULL NAM	IE	ONROE WETZEL		3. (b) Social Security Number 219-12-1014	
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Male	White	Married	2D. DATE OF DEATH November	14th 19.47 21.5:	30. P. M
6,(b) Name of bushane	or wife. Betty	Ketterman	21. I CERTIFY that death occurred on the date abo	ve stated; that I attended deceased from	
7. Birth date of			and that I last saw h./	wo 14	19 19 2
deceased (mo., day,	yr.) Febru	ary 15, 1925	Immediate cause of death / 77	ed X DI	JRATION
8. AGE: Year 22		Days If less than one day 30	3nd degree 4	lung of	5 0
	Plumber	ounty, Maryland	Due to		
	harles E.	Wetzel y, Maryland	Dther conditions		
14. Malden name Bessie Young 15. Birthplace Frederick, Maryland 15. Birthplace Frederick, Maryland			(Include pregnancy within 3 months of death) Major findings of operations		
2 15. Birthplace	Frederic	k, Maryland		Date of op	
10. Informant	M. M	n T. Wetzel	Actorsy results	hich desth ahould he charged statistica	Ny.
17 Buria (Burial, crometic	al		22. VIOLENCE: It death was due to external cau Accident, suicide, or homicide	Date of O.30 (County) (State)	el.
Location Frederick, Maryland			Injured at home, farm, industry, public place (w	here?) Phenyers Soo	70.
18. Funeral director. C. E. Cline & Son		Means of injury goxobul	Injured at work? 9-	West	
Address Frederick, Maryland			23. SIGNATURE 1. W. /3	M. D. or other	79
19. My 19.4) Chialutt J. Hecks (Date rec'd by registrar) Registrar		Address Frederick	M. D. or other One Signed //.19	47	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

131

1	ERTHTCATE OF BEATT	Reg. Dist. No.
1. PLACE OF DEATH:	(For newborn infasts	(HOME) OF DECEASED: give residence of mother formula f
City or town limits, write RURAL and g	City or town	ylers Valley
How long in above place of death?	11 A	city or town limits, write RURAL and give nearest town)
Frederik memoral	Happile Street No.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war	700
3. (a) FULL NAME Elisa Ja	ne Wolfe	3. (b) Social Security Number
4. Sex 5. Color or race \$(\alpha) Single married, wish	0	IEDICAL CERTIFICATION
- I and the	2D. DATE OF DEATH	2 S 1947, at 2
6,(b) Name of husband or wife.		rred on the date above stated; that I affended deceased from
5.(c) If alive, give	200 / Vears	alive on 220 25
7. Birth dafe of deceased (mo., day, yr.)	X / X/	ouratii
8. AGE: Years Months Days If less tha	n one day	
74 0	hrsmin. Maenice	
9. Birthplace	mo Due to	
Hay sem		Do af t
1D. Usual occupation	Due to.	- mu
11. Industry or business	2 mm 10 a	
12. Name 12. Name 13. Birthplace	Diher conditions	
30 11 3	(Include pro	egnancy within 3 months of death)
14. Maiden name Clystoff	Major findings of operations	
15. Birthplace	/	Dafe of op
16. Informant College Programmes		
Address Sthurmont	PHYSICIAN: Please underlin	ne the cause to which death should be charged statistically.
DALLA OF MIL	That's	due to external causes, fill in the following;
(Burial, cremation, or party al. White	, (, (,)	nate of
Cemelery or crematory Selling Ce	Where did Injury occur?	(City or town) (County) (State)
Location Mr. Santula	MA XIII	ry, public place (where?)
m & Hores	Means of injury	Injured at work?
18. Funeral director	po d	1000
Address	23. SIGNATURE	Monios
		M. D. or other

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

131 Reg. Dist. No

1. PLACE OF DEATH: County Frederick City or town Frederick-Rux (If outside city or town limit How long in above place of death? 20 Y Hospital, institution, or street address where dear Rear Frederick How long in hospital or institution?	ears	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) State Maryland County Frederick Frederick-Rural R. F. D. #3 (If outside city or town limits, write RURAL and give nearest town) Near Frederick (If rural, give LOCATION) 2.(a) If veteran, name war None
3. (a) FULL NAME CORNELIA	E. YOUNG	3. (b) Social Security Number None
4. Sex 5. Color or race W	6.(a) Single, married, widowad, or disorced. M	MEDICAL CERTIFICATION 20. DATE OF DEATH NOVember 27, 19 47 at 4:30A
6.(b) Name of husband or wife. Leslie 7. Birth date of deceased (mo., day, yr.) March 7		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 47, to
8. AGE: Years Months 72 8	Days If less than one day 20hrsmli	Immediais cause of death. Le subral honorship DURATION
10. Usual occupation At Home 11. Industry or business 12. Name Temple Fouch 13. Birthplace Frederick 14. Maiden name Ellen Han 15. Birthplace Frederick 18. Informant Leslie B. Y Address R. F. D. #3, 17. Burial (Burial, commatten, or removal, which) Cemetery or crematory. Location Frederic	County Maryland dley County Maryland oung Frederick, Md. Date thereof 11/29/47 (month) (day) (year) clivet Cemetery ck, Maryland tchison and Son	Other conditions 2 Day (Include pregnancy within 3 months of death) Major findings of operations. Oute of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Oute of Where did injury occur? (City or town) (County) Injured at home, farm, Industry, public place (where?) Mans of injury

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